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Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

Original Communications.

ON THE LIFE AND CHARACTER OF DR. T. S. BELL.*

BY WILLIAM O. ROBERTS, M. D.

Professor of Surgical Pathology and Operative Surgery, University of Louisville.

GENTLEMEN OF THE GRADUATING CLASS:

During the scholastic year of the Medical Department of the University of Louisville which closes with this evening four gentlemen, who were at one time teachers in this institution, have died. Two of them, Dr. Lunsford P. Yandell and Dr. Theodore S. Bell, were instructors of most of you now present. The two others, Dr. Samuel D. Gross and Dr. Benjamin Silliman, were professors in the school at an earlier day. Dr. Yandell, the youngest and the pupil of the other three, died first. You have just heard the tribute to his worth paid by his associate, Prof. Octerlony. I have been selected by my colleagues to say something of the life and services of Dr. Bell, who but a few weeks ago you were wont to hear as he told how life might be prolonged and the prevention of disease effected.

Theodore Stout Bell was born in Lexington, Ky., in 1807. His parents were very poor. His early life was full of hard-

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ships. While still a youth he was apprenticed to a tailor, and actually began the study of medicine while engaged at his trade. He was frugal, and managed in time to set aside a sum sufficient to enable him to enter Transylvania, at that time one of the two medical schools west of the Alleghanies. He soon attracted the notice of Dr. Benjamin Dudley, then the most famous surgeon and teacher of surgery in the Mississippi Valley, and had the good fortune to become one of his private pupils. After following the prescribed course of study, he graduated with distinction. Soon after he selected Louisville as his future home, and bringing with him a fine ambition and strong health he came here and entered upon his work. His industry and kind attention to his earlier patients quickly brought him others, and he soon acquired a large practice, which, had he chosen, he could have held to the last, for no physician ever had a stronger hold than he on his patients.

He had an uncommonly fine physique, and while but of the average height, his shoulders were broad, his chest deep, his limbs strong, and his entire make-up solid. These valuable points were crowned by that greatest of all earthly blessings, health. If now to this whole we add the needs which attend poverty, an almost fierce love of knowledge, great ambition, a quick and vigorous mind, and a memory tenacious of details no less than of larger things, and it was easy for Dr. Bell's early masters to foretell, as they did, his career. It was said of him by the intimate friend of a lifetime, the late Dr. L. P. Yandell, sr., himself one of the most active and industrious of men, that he had not known a man so capable of work and so fond of it as Dr. Bell. The machinery, both of his body and his mind, was so strong and so well adjusted that it seemed never to weary, and rarely to need the ordinary periods of rest. During almost his entire life he gave but six hours in the twenty-four to sleep, and for very many years he worked twenty out of the twenty-four hours.

He was a great and an absolutely omnivorous reader. The boundaries of his own and best loved science were all too small

for his wide tastes, and in his greed for knowlege he laid hold on the sciences at large ; on theology, on history, both that of the remote past and that current of the day; on the languages dead and living—in a word, on every available source of knowledge. He made himself a scholar in Greek while working as a journeyman tailor. Later in life he undertook the study of the Hebrew language, in order that he might assist in the preparation of a new version of the Bible, which was being made under the auspices of the church to which he belonged. He read Latin and French well nigh as fluently as he read English, of which he had an uncommon knowledge.

Yet these varied tastes and diverse studies were not allowed to interfere with the chief business of his life—the study and practice of medicine. Greek and Sanskrit, Latin and French, and such other studies as he pursued seemed to supply him with what others find in society or travel, or in games, or the rod and gun, namely, recreation. He recreated himself by taking up a new branch of science, watching the growth and flowering of a new plant, or tracing through their arms and utensils the life and habits of a prehistoric race. It might be truthfully said of him that he seldom rested from and never wearied of study. Yet, as I have remarked, though so zealous a student, he was noted as a practitioner of medicine. His uncommon learning made his opinions much sought after, and his experience gave them much weight. He was quick, though painstaking, in the sick room. His devotion to his patients was only exceeded by their devotion to him. His assuring manner and kindly ways won hearts from the beginning to the close of his days. He has been called a theorist, and theorist he was. But there can not be a practice of medicine without a theory of medicine, and he who is strongest as a practitioner of the art must also be best versed in its theories. In truth, the theories of yesterday become the practice of to-day, while the practice of to-day furnishes the theories for the morrow.

All of you, graduates, have heard him lecture many times. You could not but be struck with his learning, and as you grow

older and come with age to know how great and many-sided that learning was, you will value his teachings more and more. His utterance was quick, his gestures few. He threw his whole soul into his lectures, as he did into all else he undertook.

He was an uncommon lover of flowers, and cultivated them with zeal and success. His office and bedroom were crowded with living plants, while roses and trailing vines grew in the windows and were made to cover the roof of his house. He loved children, and gave much more of his time to them than he did to those of larger growth. He was himself simple-hearted and credulous as a child. And yet, as has been said by another, Dr. Bell was a medical warrior. He was certainly a man of strong convictions, and quick to speak in their defense. These qualities led him often into controversy, and he early acquired reputation as a disputant. His learning, trenchant wit, ready powers of repartee, and accurate memory, added to a facile pen, made him an always dangerous adversary. It is related that George D. Prentice remarked to a writer who had prepared an assault upon Dr. Bell on some scientific matter, and which he wished published in the Louisville Journal, of which Mr. Prentice was the editor, "Attack him if you will, but he's as dangerous as a live lion, who, if he doesn't bite your head off, will claw your in'ards out." The writer, whose courage outran his discretion, precipitated the war, and met the fate foreshadowed in Mr. Prentice's admonition.

Those of us who belong to a younger generation saw but little of that side of Dr. Bell's character, for as he grew older he grew more tolerant and gentle, and lived more with his books, his flowers, and his grandchildren. Until his buggy was seen no more on the streets, it was rarely seen when one of its occupants was not the grandchild of its driver.

"It may be truthfully said that, during the half century of his sojourn here, no worthy event or institute, medical, religious, political, educational or charitable, was projected or brought to light which did not enlist his warm interest in its behalf, or earnest labor for its success." *

* Louisville Medical News.

He was one of the incorporators of the Institute for the Blind, which has done so much for the education, usefulness, comfort, and happiness of that unfortunate class of our fellow men. Next, perhaps, to his patients proper, he gave his time to the sightless inmates of this noble charity, over whom "he watched with the tender solicitude of a father, and many a soul doomed else by fate to grope its lifelong way through the world in total darkness found in him 'eyes' by whose aid it might walk securely and catch glimpses of light and beauty from the scenes around." *

When a very young man Dr. Bell united himself with the church, and throughout his long life his walk and conversation were those of a Christian. The wider the range his studies took, the farther his vision extended into the domain of the sciences, the broader and deeper, the clearer and more positive his faith in the truths of the Bible seemed to grow; and finally, though admonished by repeated seizures of the malady which at last took him off so quickly, his trust that he would enter on another and a better life when this one here was ended was so complete that he seemed to give the matter scarcely a thought, but busied himself the rather with plans for the happiness of those he loved and expected so soon to leave. When a little past middle age he lost his wife, a superior woman, to whom he was sincerely attached. After that great misfortune he withdrew into himself, and rarely went out after nightfall, choosing to spend his evenings in his office, his books his only companions. For some years before his death one of his grandsons was in the habit of going at night and occupying a bed in his room. It so happened that on the day preceding his death he had given the youth permission to pass the night in the country. The next morning when his servant entered the room, his master, its only occupant, lay dead on the floor. An open book lay on a table near the head of the bed. He had, as was his wont, evidently been reading after he had retired. He had long been a sufferer from a dilated heart accompanied by its frequent asso-

* Louisville Medical News.

ciate, asthma, and it is not unlikely that, in one of the suffocative seizures which make this combination so hopeless and so dreadful, he had risen to open a window that he might catch a breath of fresh air, and in the effort had fallen dead. This was on the 28th day of December, 1884. Dr. Bell had often expressed the hope that he might be permitted to work to the last and then pass quickly away. This hope was fully realized, for he was busily engaged to within a few hours of his death, and he doubtless passed in the twinkling of an eye into the "gathering silences."

Though he seemed never to give thought to the accumulation of money, and dealt charity with an open hand, Dr. Bell had so few wants, and they so simple and inexpensive, that he died possessed of a handsome competency.

Gentlemen, the lesson of the life which I have so briefly and imperfectly described is easily told. Industry and strong will, joined to lofty purpose and incessant application, overcome every obstacle, bring happiness to their possessor, and leave a name which men "will not willingly let die." Such is the lesson which the Faculty would have you draw from the life of their late colleague. Farewell.

CEREBRO-SPINAL MENINGITIS.

BY EDWARD C. MANN, M.D.

Member of the New York County Medical Society; Physician to Sunnyside Home for Nervous Invalids, Dipsomania and the Opium Habit.

Cerebro-spinal Fever is an acute, epidemic febrile disease, the patient being generally suddenly seized when in vigorous health with chills, vomiting, and headache. Headache is pre-eminently a symptom of the invasion; delirium follows and is combined with it. There is great nervous shock and the pain is soon referred to the back of the neck and spine, where there is also spasmodic contraction. The pain may extend to the spine and loins. There is hyperesthesia in various parts of the body.

There is a purpuric eruption, either circumscribed and raised, or in extensive spots or patches. Herpetic eruptions and purulent inflammation of the eye are occasionally present. The disease may develop with fatal suddenness, or may linger through a tedious chronic course. It is a constitutional affection, which attacks the centric nervous system, and has for its sequelæ, mental weakness, blindness, deafness or paralysis. There is a peculiar fixed expression of the face. The stiffness of the spinal muscles may develop into opisthotonos, and there may be rigidity also of the extremities and strabismus. There is tactile insensibility, deafness, and some times amaurosis. Paralysis may affect the lower limbs. There may be difficulty in voiding the urine and feces or even complete retention. There is catarrh of the mucous membrane and often secondary exudation in the lungs. In severe attacks the nervous symptoms develop with great rapidity; there is intense headache with delirium and coma and spinal stiffness. The temperature rises rapidly to 106°–108° or even higher, and the pulse rises to 120–130, and has a hard, quick jerk. The severe headache and spinal stiffness are never absent. The spleen early increases in size. During the fever there is generally thirst, dryness of the tongue, diarrhea, or constipation and vomiting, the matters vomited being greenish in color. The patient becomes insensible, quickly has convulsions and passes rapidly into collapse. Should he emerge from this stage the pains increase in intensity, the head is drawn back, and there may be a tetanic arching of the whole spinal column. The eruption in the worst cases appears within twenty-four hours after the onset, and usually first on the lower extremities, face, neck, and shoulders. The spots of the purpuric eruption are black, raised, about a line across, and have a shotty feel under the skin. The patient may die before the temperature has risen above 104°. The paralysis is generally of a hemiplegic character. Hemorrhages from the nose, uterus, bowels, and kidneys are observed in cases of great intensity. Recovery occurs in three or four weeks in mild cases. Where the nervous symptoms are neither intense nor sudden, and pur-

puric blotches and hemorrhages are absent, recovery takes place sooner. In other cases recovery seems to be retarded indefinitely by the general asthenic state of the system, and the patients finally, after some months, waste away and die. In certain other cases of great intensity, where the nervous symptoms are sudden and severe, accompanied by purpuric spots and blotches, the patient dies almost at once.

Dr. Bristowe defines the disease as "a specific contagious fever, characterized by inflammation of the membranes of the brain and cord, and by the symptoms which these lesions induce, and attended frequently with petechiæ, collapse, and an early termination in death." He speaks of premonitory symptoms in some cases as consisting for a few hours, or even days, of feverishness, malaise, headache, and pains in the abdomen, back, and loins, and says, "but in many cases it comes on quite without warning." "The first symptoms of the actual outbreak are severe rigors; intense headache with vertigo; persistent vomiting with more or less severe pain in the stomach; and pains along the spine and in the muscles of the extremities, attended often with spasmodic contraction. The patient soon becomes restless or irritable, voluble or taciturn, and more or less obviously delirious on the subject of delusions, and not unfrequently drowsy; his head is thrown back and retained in that position, not so much from spasm in the muscles of the neck as from a voluntary effort to relieve pain in that situation; and his limbs become flexed. He probably cries out at times, or screams with the intensity of the pains in his head and back. But gradually his mind gets more distinctly affected; he becomes less alive to pain and other subjective phenomena; he passes into a condition of busy or of muttering delirium or into one of acute maniacal excitement, occasionally has convulsions and then lapses more or less gradually into profound coma." He speaks of the purpuric eruption as occurring from the second to the fourth day, and adds that fever is not a marked feature, and the temperature in many cases never rising above 101°, occasionally rising to 105°, and in rapidly fatal cases with

relapse as sinking below the normal. He also mentions rapid alternations of pulse.

The pathological and anatomical changes in this disease consist of inflammation of the membranes of the brain and spinal cord. In certain cases the chief changes are observable in the meninges of the brain; in others, again, in the spinal membranes. The amount and quality of the exudations vary greatly. When the arachnoid is chiefly affected, there is a white, yellow, or greenish-yellow lymph upon the surface of the arachnoid, particularly at the base of the brain, and effusion of serum into the ventricles and subarachnoid spaces. Professor W. H. Draper, says: "As might be inferred from the symptomatology, the characteristic lesions are found in the meninges of the brain and spinal cord. In cases which are rapidly fatal the lesion consists simply in an intense engorgement of the sinuses, veins, and minute vessels of the pia mater, with a varying amount of serous subarachnoid and ventricular effusion. In more protracted cases the pathological changes are such as indicate acute inflammatory action, and they vary according to the intensity of this process. In some cases the meshes of the pia mater are filled with an effusion of lactescent sero-purulent effusion; in others the arachnoid is lifted and the surface of the brain obscured by a layer of consistent greenish pus; in others, again, more or less diffused patches of lymph are observed. These inflammatory exudations are sometimes confined to the surface of the convolutions, sometimes to the base of the brain, and in many instances are found in both localities; they are especially observed along the course of the large vessels. Purulent effusion has been found in the ventricles, and occasionally superficial softening of the ventricular walls. The same lesions observed in the cerebral meninges are found in those of the cord, where the case has been accompanied with spinal symptoms. They may exist along the entire length of the cord, or be confined to a particular portion; in the latter case they are more apt to be observed, according to the experience of Mr. Lourdes, in the lower than in the upper portion of

the cord. So far as the substance of the brain and cord is concerned, the changes are not specially marked or uniform. In one of the cases examined at Carbondale the brain seemed swollen, and the substance, especially of the surface of the convolutions and the ventricular walls, appeared to be much softened. This softening of the cerebral substance is mentioned as characterizing the fatal cases in the epidemic at Avignon, in 1839, described by M. Chaufford, and that of Orleans, in 1848, described by M. Corbin. But although the characteristic lesions of this disease are cerebro-spinal, they are not always the only lesions, and the importance of this fact will be appreciated when we come to consider the pathology of the disease. In all the epidemics of this malady, where the post-mortem appearances have been fully and accurately described, we have evidence of the lesions affecting the serous and synovial membranes throughout the body. M. Boudin, who had a large experience in the epidemics that prevailed in France from 1837 to 1844, insists upon the not infrequent occurrence of purulent deposits in almost all the serous and synovial cavities. He especially advises examination of the sac of the tunica vaginalis. M. Billery, physician-in-chief of the hospital at Grenoble, speaks particularly of the pleural and synovial lesions in the epidemic which he observed in 1832. In two of the four dissections made by Dr. J. C. Warren, of Boston, in 1810, there were thoracic lesions; in one double pleurisy with extensive purulent deposit, and in the other evidences of pericarditis. In a letter received from Dr. Ottman, of Carbondale, he informs me that he has had a number of cases of effusion within the knee-joint, one case of pericarditis, two or three of pleurisy, and one case, and in a child sixteen months old, of extensive ascites. Dr. Ottman mentions the occurrence, in a number of convalescent cases, of extensive abscesses and dropsical effusions. M. Billery alludes to parotid swellings and to axillary and inguinal buboes as complications of this disease."

In 1865, Dr. John A. Liddell, after reporting three cases in the American Journal of the Medical Sciences for January says:

"The pathological lesion most constantly presented by the disease appears to be that of the blood. It was exhibited in a marked degree, and presented a singular uniformity whether the disease ran its course in five and one half hours or two days, the blood retained a remarkable fluidity and a dark-red color after death in both alike."

In the first case "the membranes of both the brain and spinal cord were involved in the inflammatory process." In the second "the post-mortem traces of inflammatory action were confined to the brain alone." In the third case "the inflammatory lesion, as denoted by the clinical history, affected the brain and its membranes alone." In a case reported by Dr. Jewell, in the same journal for July, 1864, both the brain and spinal cord were affected. Dr. Levick reports a case, in the same journal, which was fatal in fourteen hours without signs of inflammation in any part of the cerebro-spinal meninges. There was a strong hemorrhagic tendency. The substance of the brain and medulla was natural in appearance and consistence; there was no effusion in the ventricles and not the slightest evidence of inflammatory exudation.

Bristowe describes the morbid changes as "definite and simple. They consist in congestion of the vessels of the pia mater of the brain and cord, and in inflammatory exudation into the subarachnoid tissue and occasionally into the ventricles. This exudation is sometimes transparent and watery, but more frequently opaque, greenish, and distinctly purulent. The affection is sometimes general, but more commonly localized to some extent, and not unfrequently confined mainly to the base of the brain, especially its posterior part and to the surface of the medulla oblongata and upper part of the spinal cord. There is often, also, more or less congestion of the substance of the brain. It is said that in some of these cases in which death has occurred speedily from collapse no characteristic lesions have been found."

In Dr. Draper's paper, heretofore referred to, he presents a brief historical review of epidemic cerebro-spinal meningitis,

showing that in 1528 it prevailed throughout Europe and was followed by the plague, and again, in 1574, preceding the plague. In 1805 it appeared in Geneva, in Switzerland, and in Medfield, in Massachusetts, in 1806. Up to 1812 it prevailed more or less every year, in the winter and spring, at different places in Massachusetts in the valley of the Connecticut River, and on the shores of Lake Champlain and in Canada. In 1837 it appeared in various cities in the South of France, and up to 1841 it had appeared in thirty different cities, until, in 1844, it disappeared. In 1841 it appeared in the workhouses of Ireland. In this country, Tennessee, Missouri, Alabama, and Texas have been visited by epidemics, and in 1857, in the winter months, there was a very fatal epidemic in Onondaga and Chemung counties in New York. There was an epidemic in Leipzig in July, 1864. In August and September a few cases occurred, and then, after an interval of not quite four months, the disease returned. During this period it spread all over Germany.

In an ordinary acute meningeal inflammation we have an inflammation confined to the arachnoid and pia mater. It generally attacks those who have overtasked their brains. The effusion is generally in the meshes of the pia mater. The purulent effusion has a leek-green color. The surface of the brain may be more or less soft. The membranes being affected, the inflammation may extend for a certain distance into the brain; the convexity of the brain is more involved than the base of the brain in adults, and in children the reverse. Children affected with acute meningeal inflammation commonly have convulsions, owing to the inflammation being at the base of the brain.

There are three stages of inflammation in acute meningeal disease. The first stage, marked by a severe headache; the second by delirium; and the third stage, by coma, usually commences without a chill, but with headache which lasts two or three days before the delirium. At the end of two or three days the pupils are contracted, and contract still more upon the

admission of light, and the patient has photophobia. The pulse, which runs from 90 to 100, falls to 40 or 60 at the time delirium sets in. It is sharp and tense in quality. The patient generally vomits in this stage. The vomiting is not peculiar. The bowels are constipated, and the temperature is 102° to 103°.

With the second stage delirium comes on and the meningitis clearly shows itself. There is an increased sensitiveness of the body, a state of hyperesthesia, owing probably to an engorgement of the vessels of the spinal cord. The delirium may be very violent. The patient is very restless and is unwilling to lie abed; he has a staggering gait. The pupils are unequal in size in this second stage, and the photophobia does not trouble the patient any longer. There is a marked irregularity of the pulse, so that it beats at different rates in the different fractions of a minute. The breathing is incomplete and laborious, and this is more marked in children than in adults. The bowels are still confined. The tongue, at first white, now becomes brownish.

The third stage is marked by coma. The pupils are disposed to enlarge irregularly; they are not susceptible to the influence of light. The enlarged pupils are a sign that effusion has taken place, and that circulation does not go on in the brain perfectly. The pulse is depressed; the skin becomes of a venous hue, and cool sweats occur; the bladder becomes distended, making the catheter sometimes necessary. Generally the adult dies without convulsions, but if the bladder has become distended the chance of convulsions becomes augmented. Acute meningeal inflammation is of longer duration than the subacute variety. Eight or ten days is the average time. It affects males more generally than females, because of their greater exposure to the causes of the disease.

It will be seen that many of the phenomena which I described at the commencement of this chapter as distinctive of cerebro-spinal meningitis are also the phenomena of acute meningeal inflammation. In cerebro-spinal meningitis the pain is greatly aggravated by movement on the part of the patient and,

as I have said, is frequently associated with tetanic phenomena. Exalted cutaneous sensibility or hyperesthesia is greatest in cerebro-spinal meningitis. Anesthesia sometimes occurs. In the rapidly fatal cases the pupils are dilated as in acute meningeal inflammation.

Respecting the eruption in cerebro-spinal meningitis, Prof. Draper says: "The eruption to which this malady owes one of its names, spotted fever, and which is one of its characteristic symptoms, is varied and peculiar. The spots which constitute this eruption have been described as purely ecchymotic—simple subcutaneous hemorrhages. They are this and something more; they are truly exanthematous as well as ecchymotic." Several observers speak of the eruption as occasionally assimilating that of scarlet fever, sometimes with, sometimes without petechiæ. M. Lefevre alludes to impetiginous eruptions; M. Faure-Villar describes the eruption in most of the grave cases as consisting of spots of dark brown or bright purple upon the anterior part of the trunk and extremities, not disappearing on pressure and sometimes slightly papular; occasionally the spots were of inky blackness and irregular shape. In the case which I saw at Carbondale, the spots exhibited the true petechial character in the center, the spots were sparsely distributed over the trunk and extremities, varying in size from that of a pin-head to a five- or ten-cent piece; the outline of the larger spots was generally irregular. Sometimes the cuticle was raised with a sanious fluid and the denuded surface had a tendency to ulcerate. In two or three instances the rose-colored spots were well marked; they differed from those of typhoid fever in that they were larger, more irregular in shape, and did not entirely disappear on pressure. M. Lowder noted the occurrence of herpes labialis in two thirds of the cases that came under his observation in the epidemic at Strasburg. The same observation was made by Dr. Phelps in the United States Military Hospital at Brattleboro, Vermont. The eruption, it should be remarked, is not an invariable accompaniment of this disease; in every epidemic cases occur which demonstrate this fact. Dr. Nathan

Strong, in an inaugural dissertation on the epidemics in Hartford, Connecticut, says, "These spots, which in 1806–7 marked almost every case, in 1808–9 were rarely observed." The eruption makes its appearance very early, sometimes within six hours from the attack; it remains, of course, after death. Fatal cases generally die in four days, although they may die in a few hours; but as a rule cases that live beyond the fifth day are apt to recover. The prognosis, of course, is grave.

Treatment: Dr. Liddell says of his cases that remedial measures were not productive of much benefit. The only remedy which seemed to benefit was morphia. The doctor expresses the opinion that opium in large doses is the agent to rely on to arrest the exudation from the serous membranes, which exercises the fatal compression of the nervous centers. Dr. Hartshorne has said "an opiate sleep was often followed by convalescence." Dr. Walter F. Atlee treated ten cases of epidemic cerebro-spinal meningitis with good success; nine were children from two to four years old. He applied irritants to the back, gave opium and kept up the strength with brandy, wine whey, and essence of beef. Prof. Bartholow has clearly demonstrated in his admirable Cartwright Lectures that "quinia and morphia administered together in sufficient quantity at the right moment will often suppress a beginning inflammation." My own preference would lead me to the exhibition of these two remedies; and if I were so fortunate as to get them in at the "right moment" I too should look for a suppression of the inflammatory process, "a raising of the tonus of arterioles, a checking of the migration of the white corpuscles and of the outward diffusion of the albumen, fibrin, and salts, and an arrest of the amebiform movements and the subsequent multiplication of the white corpuscles outside the vessel." Prof. Bartholow says, "Quinia antagonizes the increased heat-production, the migration and subsequent multiplication of the white cells, and the proliferation of the protoplasm of the tissues, while morphia, by raising the vascular tonus and lowering the work of the heart, tends to remove the congestion."

For these reasons I should combine quinia with the morphia. Prof. Bartholow has also shown that chloral diminishes the fever heat, dissolves exudation and quiets restlessness and delirium, and therefore it might be good practice to administer it in the second stage of inflammation in cerebro-spinal meningitis, while in the third stage digitalis and quinia "to give tone to paretic vessels and to favor the transformation and elimination of the inflammatory products" might also prove useful. The vital powers must be supported throughout the course of the disease and marasmus warded off in slow, lingering cases. Bromide of sodium is of great service in alleviating the agonizing headache, and a few cut cups at the back of the neck sometimes serve the same purpose. If symptoms of collapse come on, hypodermic atropia, $\frac{1}{120}$ to $\frac{1}{60}$ grain, will often antagonize it. Diffusible stimulants may also be given and bags of hot sand placed about the patient to keep the surface warm. Bristowe recommends counter-irritation, cold to the head and spine and moderate purgatives and the use of cooling saline draughts. He deprecates bleeding.

For the blindness which sometimes occurs in this disease I have found the constant current of electricity and hypodermics of the nitrate of strychnia, after all inflammatory action has ceased, to be the best method of improving the sight.

204 LEFFERTS PLACE, BROOKLYN, N.Y.

ON THE PROGRESS OF OBSTETRICS, GYNECOLOGY AND DISEASES OF CHILDREN.*

BY A. W. JOHNSTON, M. D.

Mr. President: In the language of the sculptor, the year that has just left us was a polishing time. For no great work has been blocked out in gynecology; obstetrics has had no new

*Read before the Central Kentucky Medical Association January 21, 1885.

principle evolved, nor have diseases of children had any very bright light shed on them. But the patient painstaking, rubbing down of exuberant expectations, the strengthening of the essential lines and the harmonizing of the whole with the present condition of human knowledge has been the task of their devotees for the past twelve months.

About the extraction of children the journals have had very little to say; the only point on which there has been much written has been the management of occipito-posterior positions. Statistics have shown that a small portion right themselves and are delivered in the ordinary way. A still smaller number of equally small children are forced through unusually large pelves and delivered in spite of their presentation, but the majority must either be turned or have craniotomy.

A great many methods have been suggested for this change of presentation, among them the ordinary turning and shifting of the occiput forward with the hand, both by external and internal manipulation, or combined. But the simplest, easiest, and surest one of all, as I can testify by personal experience, is to put the forceps on upside down. Thus you have a lever with which it is an exceedingly easy thing to throw the chin from the symphysis to the hollow of the sacrum. If the head is already wedged into the lower part of the pelvis it must be pushed back to the superior strait. Once converted, remove the forceps and put them on in the ordinary position, and you have reached a channel with which all are familiar.

In the general management of the parturient and post-parturient state, "the pendulum of medical opinion" has been pushed way afield by some of the Listerian enthusiasts. But the weight of truth is greater than that of their oratory, and the pendulum is now trembling for the backward swing. When Prof. Thomas and his associates take the ground that microscopic organisms are the cause of septicemia, just as they now claim that Koch's comma bacillus is the *fons et origo* of cholera, they take as granted that decomposition can not go on without the presence of one or other form of the lowest of creatures. Knowing that many

of our best scientists say this is not true, for argument's sake let us admit their ground and then examine the structure they have built on it. They claim that by the destruction or removal of the bacteria they prevent their entrance to the circulation through the rents that may be made in the surface of the parturient canal. That the first is impossible every one knows who will think for a moment of the work that it takes to kill one of these little creatures. What human tissue could stand the boiling and chemical ordeals through which they must go before the microscope shows them stark and stiff; think of the condition of the vagina after being put through such a process, and we have them driven to the alternative of removal. Instead of giving nature a fair chance, I claim that by these very efforts to wash away these all-pervading harbingers of death they invite the very accident they are trying to avoid, and open the gates through which the invading hosts march in.

Who that has closely studied the parturient vagina, and watched nature's preparation for the effort, has not been struck with the way in which she gets the tissue ready for stretching. It is done not only by the succulent condition into which she brings the tissues themselves, but by the protecting and lubricating coat that she throws over their surface. What must be the effect on this development of a stream of warm water impregnated with some so-called disinfectant. First, it kills and removes the living defensive coat of mucus; thus inviting hairs, nails, and other rough parts about the child, to insinuate themselves into the sulci of the vagina, and to tear and scratch their way along its surface. Besides removing and checking the secretion, its effect on the vessels and parenchyma of the passage is to contract them, thereby forcing the fluids from their interstices and making them less yielding and thus predisposing them to rents. I can easily see that in all cases where a tissue change, either in the shape of an inflammation or a neoplasm has pre-existed, that cleansing injections may be of the greatest service. But it seems to me that the use of injections into a healthy canal, either before or during labor, ought to be classed

as meddlesome midwifery, and is fraught with as many if not more dangers than the indiscriminate use of the forceps.

The methods of repairing the various rents have been worked at with renewed interest, and results obtained that will stand the test of time. While the idea of reinforcing the partially torn perineum with the so-called dam of the vagina is not exactly new, still Emmet has brought it so forcibly before the profession that it will be long before its value is forgotten. The putting in of "cross-stay stitches" in complete ruptures of the perineum is something novel, and the value of following up the rent with vaginal stitches is already demonstrated.

Discrimination between the perineum and the muscular floor of the pelvis has been more carefully worked out by Emmet and others. The conclusions to which they come are that the prolapse of the posterior wall of the vagina is due more to a rent of the levator-ani muscles and the pelvic fascia than to the giving way of the perineum proper, and that this it is that takes away the support of the uterus instead of the external tear, as has heretofore been thought. The proof that they bring of this is in the shape of an operation which is nothing more than the integral part of the restoration of the partially torn perineum already referred to.

In this case, however, it looks as though the untorn perineum was brought back to its proper level instead of the dam being brought up to reinforce it as in the perineorrhaphy.

As each year rolls by it brings renewed proof of the value of Trachelorraphy. Like nearly all new things it was experimented with a great deal and has to bear the blame of having been done in scores of cases where it was not needed. But, in proportion as we learn to what cases it is applicable, we will be gratified with the success of our practice. The one point that the year emphasized in regard to it, is always to prepare our patients for the operation by getting rid of every thing that could possibly increase the ectropion, and by so doing we may find that no rent exists. In the late edition of Emmet's work he gives a striking case in which at his first examination he was

almost forced to believe that the daughter of a friend, who had grown up under his own eyes, had had her cervix torn by an abortion. But on getting rid of a cellulitis he found the ectropion wholly due to the interference with the return circulation of the uterus. So if we are careful in the use of the warning that he here hangs out we will not only save our patients unnecessary risks, but ourselves equally preventable mortifications.

Besides the haste to operate there is one other wrong tendency that I think will soon be checked, and that is the leaving of the stitches for twice the time they are permitted to remain in any other organ. Cases have come under my own observation where failure to unite was largely due to this practice.

Narrowings of the uterine canal, no matter from what source, are now more satisfactorily treated than ever before. Its contractions, that are caused by the cicatrization of lacerations, are treated in two ways, by excision of the scar-tissue and by stretching with some form of uterine dilator. Those distressing cases of arrest of development known as the pin hole os, are greatly benefited by the same instrument, and it may be added that flexions originating in the same persistence of youthful conditions are markedly relieved by its gentle but repeated use. Some operators are still quite partial to Sims' incision of the posterior lip or some modification of it for the dysmenorrhea of anterior flexions, but from last year's reports I can but think that the time is not far distant when this operation will be almost entirely neglected for the development produced by the parallel blades of the dilator.

Retroflexions get great good from the Hodge-Smith pessary, but not with the ordinary short posterior bar, but with one that will reach far enough back into the pelvis to take its bearing on the body of the womb and not on its neck as is ordinarily used. We also find new force added to the idea of curing obstinate retroversions by drawing the round ligaments out of the external abdominal rings and tying them together. Dr. Gardner, of Glasgow, claims that by this method (known as the Adams operation) he has gotten uniformly good results.

Nothing very new has been put out on the subject of abdominal tumors. The year has witnessed the completion of one thousand cases by Tait, the chief assailant of Listerism, with a mortality of 9.3 per cent. Considering the fact that this list embraces sections for almost every organ in the abdomen it is surprisingly good. While on the subject of abdominal surgery I wish to put myself straight on the records of this Society in regard to the use of distilled water. There is nothing that I more detest than wrangles over the question of priority, and I wish it understood that it is not the fame of an originator that I seek. But as a deliberate stroke has been made at my veracity, and as on this floor I first spoke of it, in obedience to nature's first law (that of self preservation) I deem it my duty to lay the history of my connection with the subject before you.

In June, 1883, while getting ready for an ovariotomy I tested the water at the house of the patient, and found that it contained a good deal of both organic and mineral matters; knowing that this would not do and in thinking where I could get a pure supply the idea struck me why not use distilled water if it has to be sent out for. As reported to this Society by Dr. J. M. Meyer, the operation was successfully done on the 21st of June, 1883, distilled water being used for the peritoneum and sponges. This case was treated in Boyle County. On the 18th of September, of the same year, as also reported here, in Fayette County, I successfully removed another tumor, distilled water being used for instruments, sponges, and peritoneum as before.

On page 620 of the Medical News, issued on December 8, 1883, you will find a published report of a case that was operated on September 19, 1883, in Boyle County, Kentucky. In describing the toilet of the peritoneum the writer says: "Following the practice of the great master in abdominal surgery, Lawson Tait, of Birmingham, after sponging out the cavity of the pelvis and of the lumbar region I filled the cavity of the abdomen with warm distilled water by means of a tube running from a basin held above the table."

Wondering when I first saw this if unwittingly I had appropriated one of Tait's ideas I studied his book again and again, but could find no allusion to any thing but ordinary water. Not satisfied with this I wrote to him stating the case, and here is his answer:

"I never do—never have used distilled water—never thought of using it. I use buckets of plain tap water, I have just used a lot this morning in a bad case. They all do well, and the idea of organic matter or ferments or any thing else save bad surgery doing the peritoneum any harm is, I think, quite untenable. Lawson Tait." When you know that two of the assistants put down in this published case of September 19, 1883, were prominent actors at my operation of the previous June, I am ready to submit the case.

With all due respect to Mr. Tait's valuable opinion I can not help but think that there are good reasons for the use of distilled water especially in some localities. It undoubtedly is the least irritating fluid that can be found. Your hands can be kept in it warm from the still for hours without producing cutis anserina or any of the disagreeable sensations with which we are all so familiar. If it ever comes into general use I am sure the hands of the operators who have been using the carbolic acid and other solutions will gladly make the exchange. And, every thing else being equal, what is soothing to the hand ought at least to be equally so to the peritoneum.

The places where I think it will be of least service will be where the water-supply is from a large fresh water lake or river. As we learned in the chemical lecture-room, running water and that stirred up by wind storms soon get rid of their impurities by the precipitations that are constantly taking place. But as we all know, by sad experience with typhoid fever and the like, spring and well waters are not only the great carriers of poisons, but are solutions of all sorts of organic and inorganic stuff. The waters of this old silurian rock on which we live are strongly impregnated with lime, and its effect as an irritant to the tissues must be very much like that of the solutions

against which Mr. Tait has been warring. I think it will be generally allowed by my audience that most cisterns that come under their eyes too often contain dead animals, and if these are absent they at least have a lot of dirt at the bottom, covering in the old shoes, fishing-bait cans, and the other articles of deposit that the small boy makes it his duty to throw in every time he can get the top off.

In Mr. Tait's locality, where the water-supply is as pure as sanitary engineers can make it, I doubt if the uniform use of distilled water would have a very great effect on his already splendid record. But in such sections as this, where the supply is drawn from every imaginable source, I can but believe that, every thing else being equal, he who uniformly uses chemically pure water will have the best showing in the end.

The promises that last year held out to us in the button-hole of the urethra seem about to be fulfilled, for by its use many a case that had proved the bane of gynecologists is being relieved.

I conclusion I am glad to say that gynecologists are not so hide-bound as some other specialists I know, for they are availing themselves of the good that other workers have done, notably by using Bigelow's operation for stone in the bladder instead of that barbarous old fixture they once used to take stone from the bladder.

DANVILLE, KY.

Reviews.

Treatise on the Diseases of the Ear, including the Anatomy and Physiology of the Organ. By D. B. St. John Roosa, M. D., LL. D. Sixth edition, revised and enlarged. New York: William Wood & Co. 1885.

This excellent book was first issued in 1873. What better commendation can it have than that this is the sixth edition? The writer of this notice, having had three years' daily association with the author in his clinics at the Manhattan Eye and Ear Hospital, thinks this work the more valuable to him because he knows the truth of every statement the work contains. In this association he saw the author's painstaking, careful examination of his cases, and by this close study of his patients gathering facts for new editions of what he thinks is clearly the most thorough and exhaustive work we have on Diseases of the Ear.

The chapter on Acute Suppuration of the Middle Ear is alone worth many times the price of the book. While this is said, it must also be said that we by no means subscribe to the author's restrictions as to the use of quinine in this form of ear trouble. And while we do not deny that many ears already the seat of either suppurative or non-suppurative otitis media may be still further injured by quinine, we do not hesitate to affirm that there exist in this section of the country, and in others of like surroundings, inflammations of the structures under notice which are unquestionably purely malarial and in which nothing but quinine possesses any real efficacy. Such cases are not plentiful, it is true, yet the writer in seven years' practice, has seen probably fifteen or twenty—neither chill nor periodical fever with them, but periodical otalgia, and where there is suppuration some increase of its flow at this time, and

resisting all treatment until quinine is given in full doses. Dr. Roosa, in both his writings and lectures cheerfully accords his fellow workers full credit for their labors—a virtue, I am sorry to say, not universal among medical authors.

Among the many and very great merits of Dr. Roosa's book may be mentioned what will add much to its value in the eyes of the readers of the Practitioner, viz., that it is especially adapted to the wants of the general practitioner. W. C.

The Pathology, Diagnosis, and Treatment of Diseases of the Rectum and Anus. By CHARLES B. KELSEY, M. D., Surgeon to St. Paul's Infirmary for Diseases of the Rectum, etc. New York: William Wood & Co. 1884. 8vo, pp. 409.

We hail with pleasure a new and enlarged edition of this work. The first edition, published in 1882, was one of "Wood's Library of Standard Medical Authors."

This volume contains many practical changes, bringing the subject fully up to date. At the end of Chapter II, on Malformations of the Rectum and Anus, is added Dr. Byrd's method for closure of an artificial anus, which the author thinks the best operation of the many brought forward.

In regard to the treatment of hemorrhoids by injections of carbolic acid, concerning which so much has been written *pro* and *con*, Dr. Kelsey says: "The treatment of hemorrhoids by injection of certain substances, chief of which is carbolic acid, may now, I believe, be accepted as a surgical procedure of a certain definite value, and one worthy of place among the recognized means of cure at our command. Originating as it did among the quacks it has been looked upon with suspicion, and its adoption by the profession has been followed by the accidents which generally attend a new remedy before its application is fully understood; but this does not diminish its real value." . . . "I wish now to emphasize what I wrote in the first edition

of this work in favor of this method of treatment. For the past year I have treated nearly every case of internal hemorrhoids for which I have been consulted by this method alone, and the favorable view I then held regarding it has only been confirmed by subsequent experience." Here follows the clinical history of six cases treated by this method. The author further states, although he should be very slow to advocate any one treatment of this affection to the exclusion of all others, he now generally adopts this by preference, and has not known it to fail. "The patient is not terrified at the outset by the prospect of a surgical operation, is not confined to his bed, and is not subjected to any considerable suffering. The cure goes on almost painlessly and without his consciousness." This is strong testimony coming from a specialist in such matters.

The chapter on Rectal Hernia is entirely new matter, and discusses a malady rarely treated of by surgical writers. Mr. Allingham is quoted as saying that in many cases of procidentia recti there was a hernial sac in the protrusion, and in all it was situated anteriorly, as from the anatomy of the parts of course it must be; and further, that he had never found it in children. Dr. Kelsey, on the other hand, says that quite a large number of all reported cases have occurred in children, in whom its most frequent exciting cause, prolapsus, is so common. Seventeen cases are given to illustrate the etiology, symptoms, and treatment of rectal hernia.

In this edition a page is added on the application of strong nitric acid to circumscribed non-malignant ulceration of the rectum. This is so old a remedy and its efficacy so well established it is a wonder it was not mentioned in the first edition.

The present edition is fuller in illustrations than the first by thirty-six wood-cuts and two chromo-lithographs.

Attention has been called rather to the new matter alone in the edition before us, the first edition having received notice in these pages in 1882. Both the paper and type are better than those used in the first edition. A. M.

Clinic of the Month.

COCAINE IN URETHRAL SURGERY.—Dr. Ezra Bartlett, of Albany, N. Y., communicates the following to the Medical News:

Seminal Weakness. I found the introduction of the urethral electrode prevented by the extreme sensitiveness of the mucous membrane. Of a two-per-cent solution of the hydrochlorate of cocaine, half a dram was slowly injected and retained for a few minutes, labile pressure upon the under surface of the penis being made to distribute the solution. The electrode was then introduced, and passed without pain into the bladder.

Spasm of the Sphincter Vesicæ. Introduction of the urethral electrode for faradization of the muscle was rendered impossible, as the sensitiveness of the mucous membrane just inside the meatus caused the patient intense suffering when such manipulation was attempted. The injection of a two-per-cent solution of cocaine relieved the condition in five minutes.

Chronic Cystitis. C. A. R. has been under observation for several months, and all attempts to treat the case by internal applications of galvanism have been unavailing on account of the pain attendant upon the introduction of the urethral electrode. I employed half a dram of a two-per-cent solution of hydrochlorate of cocaine; and, there being no amelioration of the sensitive condition at the expiration of fifteen minutes, I injected the same amount of a four-per-cent solution, which I obtained by evaporating a two-per-cent solution over a sand-bath. This produced the desired effect in a very few minutes.

Stricture of large Caliber in Spongy Portion. H. S. Whole urethral tract very sensitive. Injection of half a dram of a two-per-cent solution of muriate of cocaine removed the hyperesthesia from the greater part of the urethra, but produced

no amelioration at the seat of stricture. Another injection of the same solution, located as well as possible with a long-nozzle syringe at the strictured portion, failed to relieve the difficulty. The next day half of a dram of a two-per-cent solution was injected to allay the general hyperesthesia, followed immediately by the application of a four-per-cent solution in glycerine to the seat of the stricture by means of a cannula and sponge. No relief of the sensitiveness was obtained, but the patient became extremely pale, remarked that it was growing dark, perspiration stood upon his face and hands, and in a moment more he had ejected the partially digested contents of his stomach upon the floor. He soon recovered, and felt no further disturbance.

The not serious, but decidedly unpleasant symptoms in the last case are mentioned, not that cocaine necessarily bears a causal relation to them, but that they may be remembered as having occurred in conjunction with the application of a four-per-cent glycerole immediately following the injection of a two-per-cent solution. I have not determined the existence of an ulcer at the seat of stricture which might account for the symptoms, and I have not developed them at subsequent operations, at which times I have not applied the cocaine so freely.

Cocaine.—Prof. Chisolm, of Baltimore, says, in Virginia Medical Monthly:

I have used the cocaine sufficiently often to know that when a few drops of a two-per-cent solution are put on the eye and repeated every three minutes, precaution having been taken to recline the head in such a way as not to let the drops run out of the eye, in fifteen to twenty minutes the pupil will be found dilated—an evidence that the solution has permeated all the tissues, including the cornea, and has even entered the anterior chamber of the eye, and therefore is acting upon the iris with which it is brought into contact by imbibition. The dilated pupil is the sign that all parts of the eye touched by the solution have lost temporarily the power of experiencing pain, and that they may be cut or otherwise operated upon with no per-

sonal inconvenience to the patient. *Experience shows that the cocaine solution will exercise this pain-preventing or subduing power on or in any part of the living body possessing the power of absorption.* The mucous surfaces seem to be the most readily influenced, but delicate cutaneous surfaces, or more especially where the skin is broken, as in bruises or ulcers, will exhibit equally sedative effects. If the hardened skin is softened by a poultice, local anesthesia is induced by the cocaine application. The same marvelous effects are secured if a few drops of the cocaine solution is injected *under* the skin. Wherever it comes in contact and diffuses itself it exercises its wonderful power as a pain-killer to the admiration of the operator and the gratitude of the patient.

Its controlling action over the sensation of mucous surfaces was first recognized when it was used in a spray to allay the irritation of the throat in laryngoscopic manipulation. Those who used it in this connection seem not to have appreciated the value of the drug. The throat had been sprayed for months by a few specialists in throat troubles without exciting comment. Because it made a throat less irritable, Koller thought that it might also make an eye less sensitive to manipulation, and hence he tried the experiment. This proved to be the match which fired the minds of the surgeons of the whole world.

With its great anesthetie action is associated the rare quality of the unirritating nature of the solution. When repeatedly applied to the most sensitive of mucous surfaces—the conjunctiva—it produces no injection, no redness, and no uneasiness. This negative, non-irritating quality, in connection with its pain-subduing power, is exhibited on any surface upon which it is applied, whether it be the eye, ear, nose, mouth, throat, vagina, urethra, rectum, upon the cutaneous surface, or when used by injection under the skin. As it produces no discomfort while doing its miraculous work of overpowering common sensation, its use in medicine as a pain-killer must become universal.

There is but one alloy at present to cocaine—its expense.

The very best quality of the leaves of the coca, *erythroxylon*, contains only fourteen grains of cocaine to the pound, and the process of extraction is very expensive. It is said that the salt, when hid away in the leaves, at the present market rate of the crude article in the United States, is even there worth seven cents per grain, and that it will be some time before the price is reduced much below fifty cents per grain, at which it is at present held. Fortunately, one grain dissolved in fifty drops of water makes the two-per-cent solution, and of this ten drops carefully used will put the eye to sleep; so that after all, its cost in eye surgery will hardly be more than when chloroform or ether is used by inhalation, to say nothing of the absence of danger, with the accompanying anxiety of patient and friends when the general anesthetic is administered. The cost, even if not much reduced, can never prevent its use. We are told that the leaves are cultivated to the extent of forty million pounds in Peru and other parts of South America, where it is the common tea beverage of the inhabitants. As the price of leaves in Peru is quoted at twenty-five cents per pound, there is no reason why the supply should not equal the rapidly-growing demand for the new extract. Science will no doubt find some less expensive way for isolating the alkaloid. It is sincerely to be wished that the muriate of cocaine may become so cheap as to be within the reach of the poorest of our people, so that every family may find it a useful thing to keep, along with paregoric, syrup of squills, and other equally prized household goods, to assuage the pain of bruises, the toothache and earache of children, and as an innocent and effective gargle for sore throat, for if swallowed no harm comes of it.

My experiences with cocaine have proved that, as a local anesthetic of the most benign and powerful order, it can be relied upon for the relief of nearly all eye pains, and for the prevention of suffering in many eye operations. The method of application in all cases is similar. I have used a four-per-cent and am now using a two-per-cent solution of the muriate of cocaine. One or two drops of this solution is put between the

lids, the patient reclining his head backward, so that the drops will not run out of the eye and escape on the cheek. At intervals of three minutes I renew the drops. In from fifteen to twenty minutes the pupil dilates very decidedly, by which time absorption of the drug into the eye tissues has been free enough to deaden all surface feeling, and also to diminish to such an extent the sensation in the deeper tissues that severe pain is not experienced when they are incised. The eye will not exhibit any distress or symptom of irritation from the application. The extent of the anesthesia varies with the length of time of the application and the readiness with which it has been absorbed. For most eye operations, especially for those of the conjunctiva and cornea, the absorption from the surface goes sufficiently deep to give immunity from pain during their performance. As the drug is known by experience to act as well on the cellular tissue as it does on the surface, it is only necessary to instill it into the wound and wait a few minutes when a deeper action can be obtained, so that deeper parts can be painlessly divided.

In eye operations the comfort to the surgeon as well as to the patient is incalculable. Only think of the luxury of visiting the wards of an eye hospital, as I often do after a Waterloo day in the operating-room, and find patient after patient, just operated upon, not only in his proper mind and in most comfortable condition, but cheerful and even gay, having suffered no pain, bodily or mentally, and with no nausea or vomiting, as was constantly the case six weeks since under the old anesthetics—chloroform or ether; and then day by day trace the convalescence, which seems to have started with the application of the first bandage and progressed steadily to the cure without one moment of suffering at any time. It would really seem, as far my experience of six weeks would permit me to draw conclusions, that the anesthetic drop, in preventing pain during the operation, continues its watchful protection over the eye, thereby keeping away inflammatory attacks. Of the seventeen cataract extractions so far operated upon by me under cocaine, none

have had any trouble whatever. All of them look upon the cataract operation and its painless convalescence as an agreeable episode in their lives, and are brimful in their expressions of satisfaction in talking about it.

The old but trite surgical proverb, *ubi irritatio ibi fluxus*, is the well-known law of the living economy. Keep the irritation away and the flow of blood, with its inflammatory congestive processes, will not occur. Opium, the great soother, will ever do good work as the great antiphlogistic antidote. Cocaine seems ready, as a local remedy, to go hand in hand with this king of drugs and fill the *rôle* of inflammation preventer. Its application makes the part less vascular as well as less sensitive.

The local anesthetic, cocaine, which will hereafter be so liberally used for preventing pain, makes eye surgery nearly perfect. It will give immense comfort to the operator and relieve all anxiety to the patient. The doctors and the people hail its advent as one of the greatest blessings to the human race.

THERAPEUTIC APPLICATIONS OF COCAINE HYDROCHLORATE.—The following cases are reported in the Medical Record:

Irritable Bladder. Dr. Sara E. Post, of New York, writes: Two weeks ago I employed cocaine for an irritable bladder, with almost constant micturition, which four grains of the extract of opium, given per rectum in the course of twelve hours, did not control. By means of the Cushier intra-uterine syringe ten to fifteen drops of the two-per-cent solution of cocaine were injected, so as to bathe the neck of the bladder and the urethra over its whole extent. The relief was immediate. The patient did not micturate for an hour after the application, and not more frequently than once in forty-five minutes during the night. The previous condition did not recur.

Asthma. A woman, sixty years of age, had suffered from asthma for many years. Examination showed a catarrhal condition of the naso-pharyngeal mucous membrane. Thinking that the dyspnea might be the expression of a nasal reflex, Dr. Post painted the mucous membrane of the nose and throat with a

four-per-cent solution of cocaine. Within ten minutes the spasm was relieved and respiration became easy and inaudible. The patient was afterward treated with local applications of tannin and glycerine, and the asthma has not returned. This result would seem to argue well for the use of cocaine in the paroxysms of asthma occurring in hay fever.

Pruritus Vulvæ. Dr. Sarah J. McNutt writes: I have a patient who suffers from an exaggerated pruritus vulvæ, associated with a peculiarly atrophied condition of the parts. All of the usual remedies had been tried with but little relief at any time, and frequently with apparent aggravation of the trouble. A four-per-cent solution of cocaine painted over the parts gave almost immediate relief, the patient remarking, "I have now no sensation, not even in the sense of soreness, from the rubbing and scratching which has been done."

On Carbolic Spray in Abdominal Surgery—Dr. Thomas Keith thus speaks (British Medical Journal) of this once much used means:

I have long ago given up the use of carbolic spray during these operations. There is nothing in all my work that has so thoroughly broken down with me as the carrying out of the so-called "perfect Listerism" in the surgery of the abdomen by means of the carbolic spray. I expected much, but have got nothing, after years of vexation and disappointment; and I am now very much where I was before I ever heard of it. My results in ovariotomy were 1 in 26 just before I began the spray. They are almost the same now, since it has been given up. It is true that there was a long series of success, and at the time I thought that this was due to the use of the spray, and not to the steady use of the cautery, as I now think that it was. There were 80 consecutive cases of recovery—that means 2 deaths in 82, or 1 in 41. But of the whole number of 120 spray cases, there were 7 deaths, or 1 in 17. In the infirmary the results were disastrous, 1 out of every 7 died. Fortunately, there were only 21 operations in all done under the spray; and

my impression is—I may be wrong—that these would have lived had the spray not been used. Since the spray was abandoned, there have been done in the infirmary 88 ovariotomies up to this date, December 8, 1884. These include cases done by the assistant as well as by myself. The number of deaths is 2, or 1 in every 44 operated on; neither of these died of septicemia. In one—a very difficult case of large, very solid tumor, opening up the broad ligament—the patient died a week afterward of uremic poisoning, the kidneys having secreted nothing for two days. The right ureter was found to be included in one of the many ligatures. This is the only disaster that has happened to me during the operation in fully five hundred and fifty times that I have opened the abdomen for the removal of uterine or ovarian tumors. The other fatal case was that of a feeble woman coming out of a severe operation, with a pulse at 170; and it never fell.

In October last, Mr. Thornton made the general statement that his results in ovariotomy establish the valuable protection afforded by the spray; and that, practically, septicemia is removed from the causes of mortality in abdominal surgery; and he quoted certain experiments made by Professor Chiene on the atmosphere of his own wards in the infirmary here, as also supporting the principle of the protection afforded by the spray. Mr. Thornton's operations were performed in the Samaritan Hospital, which is practically a private house with every comfort. He had done 100 cases of ovariotomy with 3 deaths; that is, he had done 101 cases with 4 deaths. The results I have already given are even more favorable without the spray. Not that I think one or two per cent, on one side or another, is of much consequence in proving any thing; for, when the percentage is so low, we get within the range of accidental circumstances. But, if septicemia be banished in all abdominal surgery, what are the results, and what the cause of death, in the numerous operations for the removal of uterine fibroids that Mr. Thornton has performed? On this subject he gives no information; but Dr. Bigelow's tables tell what the mortality was.

A death-rate of one in three of fibroids of all kinds spoiled his protection-spray theory, and generally did not suit his purpose, though the readers of the Journal were, all the same, left under the impression that the spray, etc., had banished septicemia from all abdominal operations. It is said somewhere, as an excuse for bad results, that the antiseptic principle can not be properly carried out in hysterectomy. Then what is the use of it? I have also read somewhere, as another excuse for fatal results, that, in cases of ovariotomy where the cyst has been previously tapped, the spray does not answer; and that the tapping, done, perhaps, long before, is to be blamed for the death. It is difficult to see why; for, in my hospital cases, nearly one half were previously tapped, once or oftener, before operation. Hysterectomy is a much more dangerous operation than ovariotomy; and an ovarian tumor, often tapped, generally presents greater local difficulties, and its removal is accompanied by a greater risk. Be this as it may, the fact is that we must look for greater success in hysterectomy in the developing of the technical methods of operating, just as Mr. Baker Brown did twenty years ago, when, by a simple change in his way of treating the pedicle of an ovarian tumor, he at once lowered the mortality of ovariotomy by two thirds; only in this case the London surgeons would have none of it, but worked away on the old lines, losing one patient out of every three or four, while this great improvement really seemed to be willfully neglected; and now, when the real discoverer of a perfect intra-peritoneal method is long lying in his grave, they begin to wonder what Mr. Baker Brown really had to do with the advancement of abdominal surgery.

Those who teach that the carbolic spray in abdominal surgery is any thing else than a useless ceremony can make of these results what they may. One thing is, however, certain; both ways can not be the right way. If a "single germ," getting into the abdomen during an operation, play the mischief it is said to do, then few cases done in the old way ought to recover at all; whereas, in the heart of the very surgical hos-

pital, and almost next door to where Professor Chiene tells us that the atmosphere is laden with death-carrying germs, less than one only out of every forty have died after ovariotomy. What is one to make of all these things? If Mr. Thornton gets a fatal result in every third case where he removes a uterine fibroid, with his complete and perfect listerism, spray, and all the rest of it, am I to go back to these ways, when I get one out of sixteen without them? By no means. The antiseptic principle, which I believe in as much as any one, can be carried out by simpler means than these; and, for myself, I have almost gone back to the boiled water and soda of twenty years ago. It is, unfortunately, a sad fact that ever since surgery began the great evil was done by the surgeon himself. It was the willing and tender though unclean hand that carried most of the poison into the wounds. It is to this that Lister has put a stop. With a proper antiseptic, a surgeon is now made to be clean in spite of himself, is compelled to have safe sponges, safe ligatures, clean instruments, and, above all, clean fingers. If one be careful enough—and few are careful enough—one may do all this, as Mr. Lawson Tait does, with boiled water and soda. Some such precautions are essential; beyond these, with ordinary care, we need not disturb ourselves much as to what is in the air. Yet it was a pleasant doctrine to believe in, to put the whole blame of a bad result that should not have been a bad result upon some indefinite unknown something in the air—something beyond ourselves. It was no fault of ours; it could not have been helped. Every thing was done that could have been done. I fear we are all apt to blame place, persons, things, accidents, circumstances—any thing you like under the sun—rather than ourselves.

MARTIN'S METHOD OF TREATMENT OF SYNOVITIS, ESPECIALLY OF THE KNEE-JOINT.—Francis C. Martin, M. D., writes, in the Medical Record, of his late distinguished father's method of treating synovitis of the knee-joint as follows:

During the past thirty-one years over four hundred cases of

synovitis of the knee and its sequelæ, of every form and degree of severity, in every variety of diathesis and complication, however chronic or acute, have been treated by the use of the pure rubber or "Martin" bandage applied to the limb from the foot to above the knee. The joint is previously strapped, from three inches above to a corresponding point below the patella, with non-irritating rubber plaster. This strapping is not applied for the ordinary reasons, but to obviate, or at least mitigate, a troublesome chafing of the skin in the popliteal space from walking exercise while the bandage is on the limb. One such strapping will remain *in situ* for four or five weeks, and in a very large proportion of cases has not to be repeated. The plaster, however, must be perfectly non-irritating. The bandage should be applied as tightly as the patient can wear it with comfort. There is no danger to the circulation by following this rule, as no dangerous constriction of the limb could be endured without pain and discomfort. The bandage thus applied should be worn in general for from four to six weeks, according to the severity of the case, day and night, and after that during the day only, or while in the upright position, for from four to eight weeks longer. Many patients prefer to wear them a good deal longer, to prevent any possible return of trouble, but this is in general not at all necessary.

When the bandages are thus applied great comfort and support are at once experienced, and with these much increased capacity to use the joint. Very soon it becomes evident that absorption of effused fluid and of the interstitial deposits in the tissues of the synovial sac and of the other tissues about the joint is going on, and in a space of time too short to be credible to those who have not accurately pursued the practice and carefully and repeatedly observed the fact, the enlarged and weakened articulation is restored to the normal size, and, if not immediately to its original strength, to a far greater capacity for use, and eventually to a perfect restoration in all respects.

In cases where the amount of fluid effusion within the sac is small, or where the thickening of the sac is the principal element

of the case, these results may be always looked for with certainty and rapidity. Sometimes, however, when the amount of fluid effusion is very large, the use of the bandage *alone* (although of the greatest value as a palliative, by strengthening the joint and permitting painless use of the limb) will produce *complete* absorption of the fluid very slowly, if at all. The existence of these exceptionally obstinate cases induced my father, some twelve years ago, to add to the use of the bandage a preceding thorough aspiration of the sac, all the other points of treatment being exactly as before described. This was done at first only in exceptionally obstinate cases, in which the effusion within the synovial sac was large, but the operation was gradually found to be entirely free from danger, and latterly aspiration has been practiced in all cases in which, being chronic, the synovial effusion is of any considerable amount, and even in the most acute cases in which rapid effusion produces great distension and consequent pain. The results of my father's experience are summed up in the following statements:

1. In the last twelve years over two hundred cases of synovitis of the knee and its sequelæ have been treated by aspiration, with a single strapping of the joint and subsequent use of the bandage.

2. In these cases the knee-joint has been punctured over four hundred times.

3. In all these cases, with the exception of a very few, and these only in the early stages of treatment, the patient was not only permitted, but obliged to take a daily and considerable amount of walking exercise.

4. In not a single instance has there been failure of absolute and entire cure, requiring, in one case, seventeen weeks, but in no other more than eleven weeks.

5. Although no antiseptic measure beyond perfect cleanliness of the aspirating needle was employed, in not one instance has any ill symptom followed the operation. When the needle is withdrawn the puncture is at once covered securely with adhesive plaster.

The originality and value of my father's method of treatment lies in successfully demonstrating the fact that thorough aspiration of the knee-joint, followed by proper use of the rubber bandage, gives us a complete and satisfactory method of cure in even the worst cases of synovitis. By the firm and equable pressure of the rubber bandage the re-accumulation of fluid is checked. If there is any return of the fluid at all, it is in very much diminished quantity, and a second, or perhaps in severe cases a third aspiration of the joint is all that is ever required. One great advantage of it is to explode the idea that perfect rest of the joint is the only way to hope for a cure. The patient is emphatically *not* to be confined to bed, or, worse still, to a fixed splint. When the joint is strengthened by a properly applied rubber bandage exercise is a very great and important adjunct in the treatment.

Should Uterine Fibroids be Removed?—Thomas Keith, M. D., asks and answers this question, in the British Medical Journal, as follows:

I often ask myself the question, Does a mortality of eight per cent justify an operation for a disease that, as a rule, has only a limited active life, that torments simply, and that only for a time, though of itself it rarely kills? The mortality of an ordinary uterine fibroid, if left alone, is nothing approaching a death-rate of eight per cent. Most of the cases on which I have operated were known to me for years before; only the extreme cases were done; in nearly all, the lives were useless, and the risk of operation was clearly understood. Considering the nature of the cases, it seems to me that these operations were, perhaps, justifiable; and, if these were barely justifiable, what can be said of those ghastly lists of hysterectomy where the mortality is one death in every two, one death in every three, or even one death in four or five. Dr. Bigelow, of Washington, has lately collected all the cases placed on record up to March, 1884. At best, this must be an imperfect list, and can only show the least bad side of the operation. Of three hun-

dred and fifty-nine operations done by sixteen of the most successful operators, there were only two hundred and twenty-seven recoveries and one hundred and thirty-two deaths, or a greater mortality than one of every three operated on.

How to Treat the Attachments of Uterine Tumors.—Dr. Thomas Keith, one of the highest living authorities on this subject, writes, in British Medical Journal:

I have no one way in dealing with the attachments of uterine tumor. At present, each case must be a law unto itself, and of this part of the operation there is much to be learned. A few of the simpler cases may be treated entirely extra-peritoneally. Generally, the broad ligaments must be left inside; and sometimes the whole attachment, when there is much enucleation, must be so treated. Sometimes the treatment may be entirely intra-peritoneal by means of Kœberlé's *serre-neud*, or it may be half intra- and half extra-peritoneal. These cases require much care in the after-dressing, though the convalescence is much shorter than when the whole is left outside. I am hopeful that the cautery will yet be the best and safest of all the methods of dealing with some of these tumors. The more I use it in ovariotomy, the more I like it. It is simply perfect, and its employment seems to me to be "a higher exercise of our art" than the ligature, which, apart from the chances of hemorrhage, embraces ten times the amount of tissue that is really necessary. That a more perfect way will soon be found I have little doubt. This will do as much for uterine tumors as Baker Brown's intra-peritoneal method has done for ovariotomy ever since 1864.

Notes and Queries.

COMMENCEMENT EXERCISES OF THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF LOUISVILLE.—The annual commencement exercises of the University of Louisville, Medical Department, were held March 3d, at Macauley's Theater. A large audience, mostly ladies, was present, and the floral offerings were numerous and beautiful. The following is a list of graduates:

Felipo Aviles, Nicaragua.	Wm. H. Murphy, Ind.	E. E. Francis, *M.D.*, Ky.
Wm. B. Anderson, Ind.	Wm. E. Overall, Tex.	Arch. M. Glass, Ky.
J. K. Blackstone, jr., Ind.	John Purdy, Ind.	Harris Hassell, Tenn.
Benj. T. Black, Ky.	Geo. M. Reddish, Ky.	Thos. O. Helm, Ky.
Chas. A. Bunter, Ga.	Jas. M. Raby, N. C.	Isham Harrison, Miss.
John L. Brown, Ky.	Wm. P. Ross, Ky.	Geo. M. Hollins, Ky.
John E. Bailey, Tex.	Thos. E. Schumpert, La.	C. M. Harrison, Tex.
Sam. A. Cox, Ky.	Chas. J. Schramm, Tex.	B. F. Johnson, Ky.
Geo. S. Colson, Ky.	Wm. C. Spearman, Tex.	Henry F. Jones, Ill.
B. K. Corley, Tex.	John W. Sublett, Tex.	Thos. L. Keys, Ky.
J. C. Durrum, Tex.	Wm. A. Swope, Ill.	Harry L. King, Ky.
Whelon D. Evans, Tex.	J. P. Tucker, *M.D.*, Tex.	Pleas. A. Lilly, Ky.
Jacob Glahn, Ky.	W. K. Wheelis, Ala.	A. Stuart Lewis, Ky.
Jos. B. Graham, Ky.	John P. Bell, Ky.	Josh. H. Nunn, Tenn.
Wm. D. Howe, Ky.	Jas. S. Bingham, Ky.	Geo. W. Parker, Ky.
G. C. Harris, Miss.	John R. Bragg, Ky.	Sam. W. Pistole, Ky.
Wm. A. Hodges, Tex.	Geo. P. Baber, W. Va.	J. S. Richardson, Ga.
Alfred Holt, Miss.	Wm. L. Baird, Tex.	Dan. M. Rice, Fla.
F. C. Hoyt, *M.D.*, Mo.	Alex. L. Brobeck, Tenn.	Lewis M. Scott, Ky.
J. J. Johnson, Ind.	Geo. N. Cox, Ky.	E. A. Stevens, Ky.
Wm. B. Johnston, Mo.	F. J. Craddock, Tenn.	Thos. Shipp, Miss.
C. W. Kavanaugh, Ky.	Levi B. Casey, Ill.	Wm. L. Shields, Pa.
Chas. L. Lackey, Ky.	Sam. R. Deanes, Miss.	John A. Stamps, Ark.
Wm. W. Lasley, Ky.	John B. Enright, Ky.	Romanus Smith, Mo.
L. M. Woodson, Tenn.		M. F. Wedding, Ind.

Judge Pirtle, of the Board of Trustees, then conferred the degrees and presented diplomas to the members of the class. In doing so, Judge Pirtle made a short address, congratulating the graduates on their success in having graduated from such a distinguished institution.

It is the custom of the Faculty, by a rigorous competitive written examination, to select the ten best graduates for special distinction. In this "Roll of Honor" the following gentlemen have won places in the order in which their names are given:

John P. Bell, of Kentucky.
Edwin A. Stevens, of Kentucky.
William D. Howe, of Kentucky.
Lewis M. Scott, of Kentucky.
John W. Sublett, of Texas.
Lewis M. Woodson, of Tennessee.
Archibald M. Glass, of Kentucky.
Pleasant A. Lilly, of Kentucky.
Thomas A. Schumpert, of Louisiana.
John A. Stamps, of Arkansas.

As a further mark of eminence in class standing, the Faculty have awarded: To John P. Bell, of Kentucky, the first prize, entitled, "The Yandell Memorial Medal;" to Edwin A. Stevens, the second prize, a gold medal, and to William D. Howe, the third prize, a gold medal.

It is worthy of note that Messrs. Bell and Stevens took the same relative rank in the under-graduate contest of last year. It is hoped that like success will continue to attend them in an honorable rivalry for professional eminence. They have given pledges of zeal for science and high achievement which, in a brilliant future, their *alma mater* expects them to redeem. They have already made a reputation to sustain which will call for strenuous effort through many years to come.

In the competitive examination, limited to under-graduates, the successful contestants were Richard B. Adkins, of Tennessee; John P. Barber, of Kentucky; Thomas E. Gosnell, of Kentucky.

To Richard B. Adkins is awarded the first prize, a pocket-case of instruments, offered by Arthur Peter & Co., druggists, of this city; to John P. Barber is awarded the second prize, a copy of Gross's Surgery, offered by John P. Morton & Co., publishers; to Thomas E. Gosnell is awarded the third prize, a pocket-case of instruments, offered by Adolph Fischer, of this city.

The class valedictory was delivered by Dr. John B. Enright, of Kentucky. The address was a short and well worded one, being delivered in good style. Prof. John A. Octerlony delivered the following eulogy on the life of Dr. Yandell:

Lunsford Pitts Yandell was born on the 6th day of June, 1837, on his father's plantation, "Craggy Bluff," in Rutherford County, Tennessee.

He came of a family for generations distinguished in the annals of American medicine. His father was the late Prof. L. P. Yandell, celebrated for great learning and eloquence, and not only a skillful physician, but also a renowned chemist and geologist. His mother was Susan Juliet, daughter of David Wendel, Esq., of Murfreesboro, Tenn. In her were combined all nature's choicest gifts. With uncommon beauty of form and features were united rare intellectual endowments; graceful and gracious, of refined manners and sprightly conversation, yet profoundly reverent and devout, she won the love of all who knew her.

To her son she must have been the ideal of womanly perfection. He loved her with more than ordinary filial affection, and during her last illness his unwearied tenderness and ceaseless, gentle cares sweetened her failing life, and commanded the reverent admiration of all who witnessed these touching scenes.

The son of such parents could not fail to be a gifted being. This was proved at every step of his career. The family having moved to Louisville, young Lunsford became the pupil of the late Prof. Noble Butler, who was one of the most noted educators of his time. From him he received the training suited to his years, but we may readily conceive that his illustrious and learned father had the chief share in molding his tastes and developing his intellectual powers. Their companionship was close and constant, and their relations through life continued most beautiful. What lessons of mind and heart were imparted in those happy hours of unrestrained intercourse between them! How the father must have poured forth in rich abundance the vast treasures of his learning! How the son must have received with rapt attention and pondered in his heart the wise parental teachings!

The love of natural history for which Lunsford became conspicuous in after life was early discerned by his father and sedulously fostered by him. While yet a boy he displayed unusual fondness and aptitude for the study of medicine. His father was one of the founders of the University of Louisville, in which at this time and for many years he held a leading professorship. Profs. Austin Flint and S. D. Gross were also members of the Faculty. It was in this great school that young Lunsford became a student. Under the tuition of such men his medical education necessarily became both comprehensive and thorough. He pursued his clinical studies

under the guidance of his elder brother, Prof. D. W. Yandell, in the wards of the Louisville City Hospital, and in Stokes's Dispensary, then under the direction of this eminent surgeon. With such ardor and success were these studies prosecuted that the "Doctorate in Medicine" was conferred upon him in 1857, when he was hardly twenty years of age.

Shortly after his graduation the young physician removed to Memphis, Tenn. Here he soon established a lucrative practice, and rose so rapidly in professional esteem that he was elected, in 1859, to the Professorship of Materia Medica and Therapeutics in the Memphis Medical College. This place he filled with great honor to himself and increasing advantage to the school.

But soon the civil war broke out and interrupted his scientific labors. One so keenly alive to all that was going on around him, the "*quicquid agunt homines*," could not help taking a deep interest in the great questions which then agitated the country and roused the passions of the people. With all the enthusiasm of youth and of an ardent temperament he plunged into the war, and enlisted as a private soldier in the Confederate army, and, with all the loyalty of a noble nature, he adhered to the Southern cause. He fought in the first battle of the Southwest, at "Belmont." Gen. Polk, who commanded the Confederate forces, having been informed that Dr. Yandell was serving as a private in the ranks, called him to his headquarters. When the young soldier came he said: "Yandell, we need men to carry muskets, but we need surgeons too; and one of your name naturally belongs to the medical department of the service. Please, therefore, report to the Medical Director of the army, who will assign you to duty in his department." He passed the required examination and was commissioned a surgeon. Later on he was under the terrific fire at Island No. 10, and was one of the few who were fortunate enough to escape from the island and reach the Confederate lines. He took part in the sanguinary battle of Shiloh, and was complimented in general orders for gallantry on the field. It was here he came under the immediate notice of Gen. Hardee, at whose request he was assigned to duty as staff-surgeon and medical inspector of the corps. These posts he filled with signal distinction until the final surrender in 1865. He participated in nearly all the hard-fought battles of the Southwest, and after each received honorable mention in general orders, not only for his admirable care of the sick and wounded, but for gallantry on the field of battle.

His amiable and cheerful disposition, his ability and faithfulness

in the discharge of duty, his kindness and sympathy for the sick and wounded, won for him both respect and affection. He was the life and soul of the mess and around the blazing camp-fire. On the eve of battle, on the dreary march, or amid the horrors of defeat, his genial presence infused new cheer and mitigated the hardships of war. Of all the Confederate soldiers who served with him none was known ever to speak of him but with kindness and respect.

At the close of the war he returned to Louisville and engaged in the practice of his profession. Old friends and acquaintances gladly welcomed him, and he quickly made new friends. My first recollection of Lunsford Yandell dates from this time, and is most vivid and pleasing. The occasion was a fancy dress ball at the residence of Mr. Charles Cobb, of this city. Lunsford personated a knight of the sixteenth century. His costume of black and gold was most becoming, and admirably served to set off his splendid figure. He appeared to me to be the handsomest man I had ever seen—perfectly unconscious of his great attractions, and happy in the possession of youth and health and the good will of all around him.

His practice rapidly increased, and before long his *clientele* consisted not only of the best people in the city, but of important cases sent him from remote parts. Professional journeys to distant places became frequent. But few hours were left for recreation and rest, yet he had always time to give to the poor. How ceaseless were his ministrations to them was not known save by a few, but from his confidential letters we glean words and incidents which reveal in part his generous expenditure of time and labor, where no remuneration could be expected and none was ever asked.

In the latter part of 1866 he married Miss Louisa Elliston, of Nashville, Tenn. It was a most happy union. When he brought into his home his lovely bride, he also brought in her his good genius—

> "A guardian angel, o'er his life presiding,
> Doubling his pleasures and his cares dividing."

Four charming children were born to them, the youngest of which is a son, who bears his father's name and beautifully resembles him in features. Shortly after his marriage he sailed for Europe, accompanied by his wife. They remained abroad for a year. During this time he visited the great centers of medical learning in the Old World, and made the personal acquaintance of all the leading men in the profession. Wherever he went he made a most favorable impression and received unusual attention and courtesy.

His studies were pursued in earnestness, but in his own original way. No blind worshiper of authorities, he observed men and their teachings with rare discrimination. While gathering information from innumerable sources, he never lost his intellectual independence or merged his own individuality into that of the great masters, whom he carefully studied yet as freely criticised.

On returning to Louisville in 1867 he was elected Professor of Materia Medica and Therapeutics and Clinical Medicine in the University of Louisville. This was the beginning of his real life-work, and the best part of his scientific work was inspired and effected by his connection with this great institution. Lunsford Yandell took great pleasure in teaching, not only because he loved the work for its own sake, and was admirably fitted for it by nature and training, but also because of his great desire to be useful in the highest and widest sense. The University was to him an object of intense and passionate devotion. His illustrious father was one of the founders of her medical department. His beloved brother had graduated there, and, by his great powers as a teacher and wide-spread fame as a bold and skillful surgeon, he had still more closely connected the name of Yandell with her greatness and her glory.

Lunsford himself had studied within her walls. She was his "*alma mater*," and now he became one of the Faculty of this University. With characteristic energy he strove; ceaseless were his labors; the ardor of his devotion never cooled. Where the interests of the University were in question he knew neither friend nor foe, and thought but of her good.

To the great work of educating young men for the medical profession he brought many splendid qualifications rarely combined in one person. In the lecture-room his noble countenance was ever "a pleasing sight and a delectable presence." His commanding figure and dignified deportment inspired interest and respect even before he had begun to speak, and his rich and melodious voice enthralled attention. His language was simple and his style was forcible and clear. He had great powers of generalization, and positive and profound convictions; yet he was thoroughly progressive, and with the great John Hunter he could say, "These are my opinions to-day; I know not what they will be to-morrow."

Year after year the following passage was copied in his day-book, that his eyes might often fall upon it:

"I am not at all embarrassed because the opinions I held at one time are opposed to those which I hold at another. I am not incapable of being mistaken."

In the class-room he always preferred demonstration to mere description, and original observation and deduction rather than repetitions of other men's opinions. His lectures were

> ——"With wisdom fraught;
> Not such as books, but such as practice taught."

The influence he exerted upon the students was always for good. Nothing unclean ever soiled his lips, whether in conversation with them, in clinic or in didactic lecture. In all his teaching there was an undertone of deep religious feeling and great reverence for woman, which imparted a dignity and impressiveness entirely distinct from the eloquence of his style, the music of his voice or the nobleness of his presence.

A taste and talent for literary labors was to be expected in the sons of the elder Yandell, who wielded so pointed and so vigorous a pen. For half a century he exerted an influence in medical literature so wide and deep that its effects have even yet not passed away. Young Lunsford at an early period of his career became a contributor to various medical journals. His correspondence from Europe on medical men and matters was read with avidity, and elicited unusual comment and admiration. They deserve a place by the side of those masterly medical letters of Prof. David W. Yandell which won such great applause at the time of their appearance.

In 1877 Lunsford Yandell became the co-editor of the Louisville Medical News with the lamented Cowling, and continued this arduous work until compelled by ill health to retire. But with regained health came also a return of energy and a desire for more extended usefulness. Again he took editorial charge of the Medical News, and continued to be its chief editor during the remainder of his life.

Few persons realize what a Sisyphus rock a weekly medical journal is to its editor. No sooner has he completed one number ere the next must be prepared—there is no rest. Yet, worn with professional duties and the ceaseless exactions of an onerous practice, Lunsford Yandell ever returned to his editorial work with fresh zeal and unabated vigor. The Louisville Medical News is a monument to his tireless energy and literary powers. The publications which gave him widest reputation, and in which his peculiar merits as a writer most conspicuously appear, are his clinical lectures on dermatology. A simple style, clearness and conciseness of description, great grasp, and a keen appreciation of essentials, made these lectures deservedly popular, and impressed the profession with the learning and practical skill of their author.

But it was especially as an epistolary writer that he excelled. Here he displayed genius. It has been said that letter-writing is a "gift," and also that it is now one of the lost arts. Lunsford Yandell's pen gave brilliant evidence that it remained a living art in the year of grace, 1884, no less than in the seventeenth and eighteenth centuries, when Madame de Sevigné and Lord Chesterfield wrote and charmed their readers with their celebrated letters. Lunsford Yandell's correspondence was copious and varied, but every where one is enchanted by an unstudied grace and an unrestrained naturalness in thought and expression; an artless eloquence and simple pathos command the reader's admiration while they invoke reflection. His letters evince a wonderful power of adaptation. To a friend he writes in the mild light of calm philosophy; his children are addressed in a style so inimitable that Hans Christian Andersen could not have excelled it. Others again so sweet, so pure, so sacred, they may not even be named. In all he writes as a sincere lover of God and of his fellow men. Their beauty and their pathos make the elegant and petty gossip of De Sevigné and the polish and diplomacy of Chesterfield seem very trivial and cold and artificial.

The elder Yandell, himself one of the most distinguished naturalists of his day in this country, inculcated a love of natural history in all his children. Lunsford became very proficient in geology. He enriched and completed the magnificent cabinet his father had collected, and displayed wonderful skill in restoring imperfect fossil formations, so that in many a specimen it was not easy to decide which was the work of art and which of nature. He remained all his life an ardent lover of nature in all her moods and aspects; in her small and hidden ways as well as in her grander and more striking revelations. His letters, lectures, and conversation teemed with apt and beautiful illustrations drawn from his rich stores of natural science. Indeed, I can not help the thought that but for his warm and deep sympathy for his kind, and never-flagging desire to relieve suffering wherever found, he would have become a naturalist instead of a physician. It adds new beauty to his life to know that throughout his course he sacrificed his own preference in order to serve the better his fellow men.

As a physician he was learned and skillful, conscientious, faithful, painstaking and sympathetic. With great respect for himself and for his office, he inspired his patients with the same feelings. He had confidence in himself and in his powers, and great faith in the power of the healing art. To him medicine was not so much a profession (and still less a trade) as it was a priesthood, and the practice of it a

sacred function—the physician a priest—the altar humanity—the sacrifice himself. He was most reluctant to decline any call to visit the sick, no matter how inconvenient to himself, especially if the patient happened to be poor. In the summer of 1883, while far from strong himself, he wrote: "And now I must finish this letter, for I have to go a long way to see a sick child; no pay, but I may do it much good, and thereby give its parents much happiness." Such acts as this made luminous his days and blessed his sleep with dreams of paradise.

One of the articles of his medical creed was that a physician should always first ascertain the mode of action and effects of medicines by experiment upon himself before prescribing them to his patients. He practiced what he preached, and it is safe to say that he had tested upon his own person the powers of all the important drugs he made use of in his practice. Medicine was to him emphatically "the healing art." The great aim before him was to cure, to relieve. Other branches of medical science had less charms for him, who e'er

> "Intent on somewhat that may ease
> Unhealthy mortals, and with curious search
> Examines all the properties of herbs."

In science we have a part of an eternal writing unrolled, the rest is unrevealed. We can not read the context. We see a part of the great chart or map of truth, in which we can follow only certain tracks or paths. A section of a diagram is before us, the complement of which we do not know. But his broad generalizations enabled Lunsford Yandell to occupy higher ground and to take larger views and penetrate more deeply than is possible to those who merely crawl among the mists and mazes of bewildering and conflicting details.

He was a loyal champion of the great principles in which he believed. With dauntless courage he defended them against all assaults, no matter in what shape or from what quarter they might come. Fidelity to what one believes to be true, moral courage in adhering to one's convictions before the world, is the greatest lack of our time. The age lacks sincerity, and what men most lack is the feeling that they should be true to the right; and that to be manly is to be ready to follow the truth, under whatever guise it may come, to whatever it may lead. It was just the possession of this rare quality that made Lunsford Yandell so conspicuous, and caused men to admire even while they opposed him.

He was a man of varied powers and of a many-sided character.

Like a perfect gem, emitting light in all prismatic colors, and from a hundred brilliant facets his rich and complex nature presented a new yet ever beautiful aspect from whatever side it might be viewed. Thoroughly original in thought and independent in action, he could not be a man of routine, and never did the same thing twice in exactly the same way.

In the midst of absorbing duties, of steady hard work, the current of his life flowed swiftly on. But his usefulness received many a check. Attacks of illness time and again interrupted his labors, but he returned to them with unwavering determination and in a spirit of hope and cheer and trust. Shortly after his forty-sixth birthday he wrote:

"I have grown much older in the last four years, at the rate of about four years to the twelve months. As I take stock of life at forty-six, I rather believe I can see some progress during the past year. My health, on the whole, enables me to work better than formerly, and I have done some writing and studying and lecturing. Honest work is never lost, and I have idled little in any way."

The various attacks of illness that came upon him were as the distant but ominous sounds which often precede an earthquake. All of a sudden it came. The glorious edifice of his life crumbled into instant ruin, and only the blessed memories of what he had been remained. On awakening in the morning of the 12th of March, 1884, he complained of a violent indisposition, and suffered much all day. Toward night he appeared more at ease and asked for food. A few minutes later he was seized with a sudden angina, and then—the silence and sleep of death settled upon him.

> "There was no cold gradation of decay;
> Death broke at once the vital chain
> And freed his soul the nearest way."
>
> "Then fell upon the house a sudden gloom,
> A shadow on those features fair and thin,
> And softly from the hushed and darkened room
> Two angels issued, where but one went in."

He was gone!—His calm and silvery voice will be heard no more. Never again will be seen on earth this perfect type of manly beauty—noble in aspect, pure in heart, kind and affable in conversation, faithful in friendship, vigorous and persevering in all good works!

The news of his death spread with lightning speed, and created a profound and sorrowful impression—a whole people mourned; all

classes united in one common grief. Hearts aching with sorrow throbbed in many a lordly mansion. Among the poor a wail of anguish went up, for they had lost their friend. Even in the purlieus of vice, in dens of sin and shame, eyes unused to tears wept, for the good physician was gone. He who had only words of kindness for them in their misery and degradation, whose voice was ever soft and gentle, whose mild and noble features ever expressed the divine sympathy that directed his ministrations even to the most abandoned of mankind. His deeds of mercy strewn along his path and shining as stars in the firmament do follow him.

At the grave the poor, the friendless, the fatherless, the widow wept in sorrow for their loss, and with voices broken with sobs invoked God's blessing on the dear ones he had left.

The medical profession of the city and of the whole State was profoundly moved with grief at his death. Their public and private expressions of sorrow and sympathy were re-echoed from every part of this vast continent; and messages of affection and regret came even from distant hemispheres across the sea.

Thus died Lunsford Yandell in his forty-seventh year. It was a short life measured by years, but of unusual compass when one reflects on all that he accomplished. He crowded within its brief space more noble thoughts, more earnest endeavor, more varied labors, more stirring activity, more brilliant achievements than go to make the sum of fifty ordinary lives.

I have sketched his public course. Will you pause a little while I draw the vail that shrouds his inner life as I have learned to know it?

Gifted with extraordinary abilities, and amid opportunities well fitted to stimulate ambition, yet he was signally free from the sway of this passion. During the last year of his life he gave much of his leisure to the reading of Carlyle, in one of whose letters the following passage occurs, which seems to have made a deep impression on Lunsford and coincided with his own feelings, for he marked it and surrounded it with lines as if he wished to have his eye directed to it whenever looking at the page:

"As to fame, and all that, I see it already to be nothing better than a will-o'-the-wisp which leads one on through quagmires and pitfalls to catch an object which, when we have caught it, turns out to be nothing."

In a letter of his own, he writes:

"I do not care to have my name live, save for my children's sake, but I wish to sow the seeds of good in this life, which may fructify

both this and coming generations; which may bring forth good fruit that shall feed men and form them for God's work."

He was endowed with extraordinary energy and perseverance in the pursuit of any objects he thought worthy and wise; never dismayed by difficulties, never deterred by obstacles. To him difficulties were things simply to be overcome; obstacles merely things to be removed. He never failed in any thing he undertook. Men marveled at his success, but few understood the secret by which he succeeded.

"What was my art?" said Richelieu. "Genius, some say; some fortune; witchcraft some. Not so; my art was *justice!*" Lunsford Yandell loved justice, and feared naught so much as to be unjust to any one. After having achieved a great success he wrote to the trusted sharer of his joys and sorrows:

"But, after all, our great strength consisted in taking the just, which is always the strong because it is the right side."

To say that he was free from envy would be but scant justice, for he was remarkably free from this low but common fault and possessed in an unusual degree the opposite virtue. Magnanimity was a distinguishing feature of his character. In the controversies which official position or a sense of duty compelled him to engage in, he was the sturdy champion of principles, and waged relentless war in behalf of them. But he harbored no ill-will toward his opponents. No one ever forgave personal injuries more quickly and completely than he did. Some time after a certain personal disagreement he was heard to ask of a friend: "Did I not have a quarrel once with Dr. ———? What was it all about? Do you remember?" So completely had he forgiven. With him the remedy for injuries was to forget them.

"Some grave their wrongs in stone; but he, magnanimous and serene, wrote his wrongs in dust; he trod them under foot, blotted them out, and grieved only that they could not escape the eye of the Almighty."

He was lenient toward the weaknesses of men, found extenuating circumstances for their faults, and always tried to think the best of all. He was a man of deep and tender sympathies, and as he advanced in life—as the depth of its meaning became more and more clear to him, as he came to feel the gentle pressure and guidance of an "Unseen Hand"—his sympathy for the suffering and sorrowing, the weary and heavy laden, became also more broad and tender, until it infolded in a sweet embrace all God's creatures.

Whatever of human weakness and imperfection might attach to him, he certainly made no effort to appear other than he was. No

one had less hypocrisy in his composition; no one could be more genuine. Though with charming candor he avowed his faults, yet with the delicacy of a sensitive nature he shrank from revealing those priceless treasures of mind and heart of which he was possessed, and which, when once discerned, inspired love and admiration. Could I but interpret to the world one half of the noble thoughts and lofty sentiments which lie buried in his grave, I should bestow a greater benefit upon the world than I can ever hope to accomplish.

No one ever set a higher value on true friendship; no one had more friends than he; no one loved his friends more than he; no one was ever more loved by his friends than he:

> "His sweetness won a more regard unto his place
> Than all the boist'rous moods
> That ignorant greatness practiceth."

It was his delight to gather his friends around him in his beautiful home. He was a charming host, and never appeared to greater advantage than on those bright occasions when, in the midst of his chosen guests, he dispensed a refined and genial hospitality.

His highest happiness was centered in his home. A loving and devoted husband, "his wife was the ocean to the rivers of his thoughts."

The paternal instinct was never more strongly displayed in any man—it had developed into a principle of his being—an ever-present motive, molding his utterances, guiding his actions toward the one end—the welfare and happiness of his children.

His was a cheerful and a happy life. Among friends and pupils, in his home and abroad, by precept and example, he taught the duty of cheerfulness.

"Cultivate a habit of cheerfulness," he would say; and again, "A wide-spreading, hopeful disposition is your only true umbrella in this vale of tears." In one of his letters he wrote: "Learn to be happy; happiness is chiefly self-contained."

No one better knew than he the depressing effect of sickness, and how easily an over-worked brain engenders fretfulness and irritability. "Bad health" (he said with Carlyle) "does indeed undermine me more than all other calamities put together." Yet, while pressed by the exacting duties of his professorship and editorial position, worn by an arduous practice and by bodily pain, he was ever cheerful, and could feel and write:

"It would be very wicked and ungrateful in me ever to be sad a single moment, for God is so good to me."

It was this faith in the goodness of God which built for him a bridge across the gulf of death and landed his thoughts peacefully on the farther side.

> "And now he rests, his greatness and his sweetness
> No more shall seem at strife,
> And death has rounded into calm completeness
> The statue of his life."

One by one I have taken up the many threads of his beautiful life, and with unskillful, but with loving hands, have tried to weave them into one connected whole. You who knew Lunsford Yandell and loved him will feel with me how imperfect, how very far beneath his merits my work has been. Yet there is but one thing more for me to say, one more tribute to offer to his beloved memory—the laurel wreath upon his monument, the sum of all he was, and all he did—

"He added Lustre to Ancestral Glory."

The Alumni Association.—A meeting of the Alumni Association of the Medical Department of the University of Louisville was held in the college building on the evening of March 2d. The following officers were elected for the ensuing year: President, Dr. Peter Guntermann, class of '69; First Vice-President, Dr. C. W. McIntyre, class of '83; Second Vice-President Dr. H. W. Alexander, class of '56; Secretary and Treasurer, Dr. D. L. Washburne, class of '83. A committee, consisting of Dr. W. B. Doherty, class of '72, Dr. Ap Morgan Vance, class of '78, Dr. J. Morrison Ray, class of '82, was appointed to select an orator for 1886. Dr. W. O. Roberts, class of '69, Dr. Henry M. Pusey, class of '80, Dr. F. C. Leber, class of '64, Dr. J. M. Clemens, class of '57, Dr. E. R. Palmer, class of '64, and the President, *ex officio*, were selected as a committee to consider the feasibility of an annual or triennial banquet, the first of which is to be given on the night preceding the next annual commencement exercises.

Take it for all in all, this meeting may be regarded as the most important held since the organization of the society. The newly elected officers and members of the committees are for the most part young men who bring to the work ability, ambition, and enthusiasm.

The committee has promised to secure the services, as orator, of one of our *alma mater's* most distinguished sons, and no pains will be spared to secure a large attendance of members, with fit entertainment for them when they come.

These fair promises, however, are destined not to be realized, if every thing be left to the officers and committees. It is to be hoped, therefore, that every alumnus will awake to a sense of personal responsibility in the matter, and at once, putting himself in communication with the Secretary, report for duty. Let him take tribute of his time, talent, influence and purse (the tax upon the latter can never be more than a trifle), for the furtherance of the good work, and the highest hopes of the society's most enthusiastic supporters will find full fruition ere another twelve-month shall roll around. (Louisville Medical News.)

In Memoriam.—James Gray Thomas, M. D., was born near Bloomfield, Kentucky, June 24, 1835. He began his medical studies in the University of Louisville, Louisville, Kentucky. He graduated in medicine from the University of the City of New York in 1856, and began his life work in Bloomfield, the place of his birth and early home. He subsequently settled near Sardis, Mississippi, where he was in general practice when the late war broke out. He entered the Confederate service as a surgeon, and continued in that capacity till the war closed. He married in Savannah, November 16, 1865, and made that city the place of his residence.

He served in the Legislature of Georgia through the sessions of 1875 and 1876. This apparent divergence from the line of his chosen vocation was made by him in obedience to a sense of public duty, and in compliance with the urgent solicitation of eminent citizens who desired to return to the legislature a judicious and public-spirited medical man, who would lead in procuring the enactment of laws relating to the interests of hygiene in the State. In accepting such public trusts he was especially moved by the hope that he might help to obtain for

the State an effective health board. During the session of 1875, the first of his service, the legislature passed an act to create a State Board of Health for the protection of life and health, and to prevent the spread of disease in the State of Georgia, and for other purposes. He took a most important part in the preparation and passage of this measure. The board thus created consisted of nine physicians, together with the Comptroller-General and Attorney-General and State Geologist, and it chose Dr. Thomas as its first president, his name appearing as such in its printed reports for the years 1875 and 1876. He was diligent in his attention to the work of the board, and endeavored faithfully to make its ministrations effective for the good of the commonwealth. For the first time in the history of the State physicians were recognized as an active and working element in its government. Systematic efforts were made throughout the State to increase the number of those who would favor sanitary reform, to establish a correct method of obtaining and using vital statistics, to organize local boards of health, to define the powers of such boards, and to defend the people on the coast line and over avenues of traffic with the interior against the incursions of pestilence from abroad, and to teach them to recognize and fight against preventable diseases within their own borders. A due supervision of all the public charities of the State was also to be provided for. In fact, a great movement was started which was intended to secure for the State the inestimable blessing of a good body of health laws, wisely administered. In all this admirable work Dr. Thomas was justly prominent, and, had he and his associates been sufficiently sustained by legislative grants and appreciative public opinion, greater results would have been immediately realized.

The good he did in turning away somewhat from the cherished and most congenial occupations of private practice to serve in public life will link his name as that of a benefactor with the sanitary history of his State, and with the annals of State medicine throughout our entire land.

In 1877 an act was passed by his State Legislature to provide

for the drainage of Chatham County, so as to protect the State from epidemics of yellow fever and other diseases, and to appropriate for said purposes one third of the State tax of said county for the year 1877, and appointing five commissioners to carry the law into effect. On the organization of the commissioners, March 7, 1877, Dr. Thomas was elected their chairman. He took an active and zealous part in the work of the commission, and was its chairman at the time of his death. The work done by this commission has been effective not only in promoting the public health and material prosperity of the chief commercial ocean gateway of the State, but also in contributing to arrest wholly any invasion of yellow fever since 1876.

In the winter of 1881 Dr. Thomas had strongly urged the importance of organizing, in Savannah, a Citizens' Sanitary Association, looking to the improvement of the public health through the united efforts of private citizens, and as auxiliary to established public methods of sanitation. The result was a public meeting, held in the "Long Room" of the Exchange December 14, 1881, largely attended by leading citizens of Savannah. By special invitation, the meeting was addressed by Dr. Thomas. His views were so warmly adopted that the organization of the proposed association was immediately authorized, and carried into effect February 10, 1882. On this occasion he was elected president of the Association, which began with an enrollment of two hundred and fifty-nine members, subsequently largely increased. Dr. Thomas continued in this office to the time of his death.

Thus, while the doctor was assiduous in the private practice of his calling, and never neglectful of its solemn obligations, he was always concerned about the welfare of the public, and ready in suggesting judicious plans to enlist public-spirited citizens in measures for the general health. He was rarely absent from his work, and only for brief periods of rest, when those for whose health he felt a deep sense of responsibility were least liable to be exposed to epidemic influences. He was an esteemed member of the American Health Association, and no

one who had the privilege of attending the session of that body in Savannah will forget how much the success of the meeting turned on his unostentatious but effective services, and how freely and courteously the hospitalities of his delightful home were dispensed.

His interest in the National Board of Health was early, consistent and continuous, and he did what he could to advocate the doctrine of the necessity of the establishment and maintenance of that body as the most ready, effective agency through which to give the entire country the benefit of adequate sanitary supervision and police, to lessen the ravages of indigenous, preventable diseases, and to prevent the introduction on the coast line of such as threatened to invade the country from without. He was ever willing to do the work that pressed upon him to be done, and to turn aside even from the most congenial occupations of home life and the routine of his daily practice, if only the claim were addressed to his keen sense of public duty. He was not only a physician, he was also a patriot. It was in obedience to such motives that he left Savannah at the close of November last, although not feeling well, to attend a meeting in the city of Washington to complete the arrangements for the International Medical Congress, to be held in that city in the year 1887.

He was taken ill on the railway train near Richmond, but continued on to his destination. After reaching Washington his malady took the form of pneumonia. His good wife was sent for; his sympathetic medical brethren aided her in her affectionate and devoted ministrations. At one time the disease seemed to be checked, but the arrest was only simulated; he grew weaker, and on the morning of Saturday, December 6, 1884, departed this life, following, as we have creditable evidence, those who have endeavored to imitate the Good Physician.

Even this brief narrative of the life of an exalted member of the medical profession would be very incomplete if we did not record one or two more allusions to the quality of the work

that he did day by day for the patients who leaned upon him for sympathy and treatment.

He was always on the alert to learn any thing which might be for the advancement of his science and art. He was ready to seize a new idea, to develop and utilize it. He was studious and meditative in the line of his calling, notwithstanding the activity of his life, and succeeded in finding time to keep up with the advance in medical literature.

It is to be regretted that he did not write more. His paper on Dengue, in the sixth volume of the Transactions of the American Public Health Association, is an admirable contribution to the discussion of that obscure and most distressing malady. His opinions, oral or written, on the medical questions of the day, were always marked by freedom from passion, and by a plain intention to avoid on the one hand the bondage of prejudice, and on the other hasty deduction and restless change. While he was alive to every good impression and suggestion of progress, he was deliberate and judicial in committing himself to that which was new. His honesty and prudence were manifested in these and many other ways, and his patients and professional brethren trusted him implicitly, and were not disappointed.

His personal appearance was most attractive and commanding. Tall in stature, he was erect and vigorous in his carriage, impressing even casual observers with the fact that he was a man of more than ordinary force. He carried a good head above broad shoulders; his face was "benignant and serious," and on his manly features a light was radiant which came from a good heart. There was an indescribable quality in his presence and manners which won the confidence of all, but especially impressed and charmed his friends and companions.

It is a source of joy and inexpressible satisfaction that there are so many good and true men in the medical profession of the United States. The whole fraternity may well join in thankfulness that the career of Dr. Thomas among his colleagues, neighbors, and friends was blessed as it was to his family, his

patients, and the State; that he attempted with so much modesty and unflinching purpose to realize in his daily work and in his public services so high an ideal, and that his last professional act, in the performance of which he gave his life, included the grand idea of the brotherhood of nations and the community of science and benevolence.

From those who knew him well the source of the power in his life was not hidden; it sprung perpetually from an humble belief, not only in the supernatural, but in a personal, triune God, upon whose mercy he had cast himself, and whose law he strove to know, to love, and to obey. C. R. A.

AMERICAN MEDICAL ASSOCIATION.—The thirty-sixth annual session will be held in New Orleans, La., on Tuesday, Wednesday, Thursday, and Friday, April 28th, 29th, 30th, and May 1st, commencing on Tuesday at 11 A. M. (Wm. B. Atkinson, M. D., Permanent Secretary.)

The delegates shall receive their appointment from permanently organized State Medical Societies, and such County and District Medical Societies as are recognized by *representation in their respective State Societies*, and from the Medical Department of the Army and Navy, and the Marine Hospital Service of the United States.

Each State, County, and District Medical Society entitled to representation shall have the privilege of sending to the Association one delegate for every ten of its regular resident members., and one for every additional fraction of more than half that number: *Provided, however*, That the number of delegates for any particular State, territory, county, city, or town shall not exceed the ratio of one in ten of the resident physicians who may have signed the Code of Ethics of the Association.

Secretaries of Medical Societies as above designated are earnestly requested to forward, *at once*, lists of their delegates.

Also, that the Permanent Secretary may be enabled to erase from the roll the names of those who have forfeited their membership, the secretaries *are, by special resolution*, requested to

send to him annually a corrected list of the membership of their respective societies.

Sections. The chairmen of the several sections shall prepare and read, in the general sessions of the Association, papers on the advances and discoveries of the past year in the branches of science included in their respective sections.

A member desiring to read a paper before the section should forward the paper or its *title* and *length* (not to exceed twenty minutes in reading) to the Chairman of the Committee of Arrangements, Dr. Samuel D. Logan, New Orleans, La., at least one month before the meeting.

Amendments to the Constitution by Dr. C. H. von Klein, Ohio:

1. No person who shall hereafter graduate from a medical college where literary education is not a prerequisite to such graduation shall be eligible to be a delegate to the American Medical Association.

2. All delegates to this Association, as a part of their credentials, shall present certificates from the County, District, or State Associations they represent, showing from what medical college and when graduated; but this provision shall not apply to delegates from the Army and Navy.

Amendments to By-laws by Dr. Foster Pratt, Michigan: Each section shall nominate its chairman and secretary; all other nominations to be made as now, by the Nominating Committee.

By Dr. Carl Seiler, Pennsylvania: Divide the Section on Ophthalmology, etc., and form two, one consisting of Ophthalmology alone, and one consisting of Otology, Laryngology, and Rhinology.

Editor American Practitioner:

SPRAY IN OVARIOTOMY.—The following is an extract from a recent work by Dr. Emmet (Emmet's Principles and Practice of Gynecology, p. 715): "In this country I do not know of any prominent operator who now employs the carbolic-acid spray."

This statement implies that the writer is not persuaded of the value of spray in ovariotomy. My own experience has led me to an opposite opinion. Indeed, I should not like to do a laparotomy for any purpose without antiseptic spray. I have been led to this conclusion by the results of one hundred and eighty-three cases of removal of cystic ovaries, of which I have lost only twenty-one; but more especially by the result of the last one hundred of these cases, only ten of which were fatal, while thirty-eight were consecutively successful. I feel that to omit the antiseptic spray would be to deprive the patient of one of the ready and efficient elements of success. As I can hardly hope for much better results than those I have cited, and being quite content to let well alone, I shall hesitate before disturbing my present plan of operation by giving up a detail to which I attach much importance. JOHN HOMANS.

BOSTON, February 17, 1885.

DIPHTHERIA.—C. J. Renshaw, M. D., concludes an article on this subject in the Practitioner in which he details a number of experiments with diphtheritic membrane with the following statement: "It would seem to me, from the above-named experiments, that diphtheria is different from membranous croup; that it is different from scarlet fever; that it is a disease of itself of a highly dangerous character, but that science has great power over it as to prevention and treatment. That it is conveyed by contagion, and may also arise *de novo*, from, I believe, a mixture of animal and vegetable matter in decomposition under certain circumstances, but that there is little if any evidence to show that it is caused by sewage simply, or animal or vegetable decomposition by themselves."

THE MEDICAL SOCIETY OF THE STATE OF TENNESSEE.—The fifty-second annual meeting of the Medical Society of the State of Tennessee will be held at Nashville, commencing the second Tuesday in April, and will be in session three days, April 14th, 15th, and 16th. The Society will be called to order on the 14th,

at 12 M., in the State Capitol. Those contemplating presenting papers are requested to notify the Secretary at an early day. The last meeting of the Society was the most successful ever held in the fifty-two years of its existence, and this one promises to be equally so. The railroads have granted special rates.

RADICAL CURE OF HERNIA.—Mr. Lawson Tait describes, in British Medical Journal, his method for the radical cure of umbilical hernia by abdominal section, and considers it applicable to other forms of hernia. He opens the sac, frees all adhesions, cuts off omentum that may be in the way, pares the edges of the ring, and stitches up the wound with a continuous silk thread, which he leaves permanently. The results have been most satisfactory.

THE ASSOCIATION OF AMERICAN MEDICAL EDITORS will hold its next annual meeting the evening before the day of the meeting of the American Medical Association. The following are the officers of the Editors' Association: President, Dr. Henry O. Marcy, Boston; Vice-President, Dr. John V. Shoemaker, Philadelphia; Secretary, Dr. H. O. Walker, Detroit.

THE ARCHIVES OF MEDICINE.—With the December, 1884, number this really excellent journal ceased to appear. During the time that it was published its editor, Dr. E. C. Seguin, showed ability of a very high order, and it is with feelings of sincere regret that we chronicle his withdrawal from the field of journalism.

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